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ABSTRACT

The school policy of denying a pregnant girl any formal education for months, years, or forever, is the current policy that exists today in the majority of America's school districts. However, court decisions, revised state policies, and changing attitudes of people of all ages are putting more and more pressure on local school boards and administrators to come up with new policies that offer expectant students something better than banishment from education. It appears that schools still have a long way to go before they are far removed from the policy which implies that school-age marriage and pregnancy are evil and insists that school will not see the evil, not hear about it, and not speak about it. This report describes what the schools are moving from and toward, pointing out some of the promising developments and some of the most pressing problems along the way. (Author)

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Schoolgirl PREGNANCY:

Old Problem; New Solutions

A Publication of the National School Public Relations Association

This Is an Education U.S.A. Special Report

Education U.S.A., the independent weekly education newsletter founded in 1958, has introduced new dimensions to educational journalism in the United States. In addition to the newsletter, which reports major developments in preschool to graduate level education, the editors of *Education U.S.A.* prepare special in-depth reports on current education issues and problems.

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The special reports are prepared when the editors decide that a new development in education is important enough to be covered in detail. *Schoolgirl Pregnancy: Old Problem; New Solutions* is the latest report in this series.

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Schoolgirl PREGNANCY

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OVERVIEW

"Pregnancy will require immediate withdrawal from school. Reentry following confinement may be considered by the principal not earlier than the beginning of the next school year."

This school policy--denying an expectant girl any formal education for months, years, or forever--is not circa late Nineteenth Century or early Twentieth Century. It is current policy in a small city that serves as a county seat and the home for two colleges. Similar policies exist today in the majority of America's school districts.

But their days may be numbered. Court decisions, revised state policies, and changing attitudes of people of all ages are putting more and more pressure on local school boards and administrators to come up with new policies that offer expectant students something better than banishment from education.

Also prompting school systems to take a fresh look at what they are doing to and for married students and expectant students are hard data collected over the past few years.

FACT: The number of school-age girls giving birth is increasing by approximately 3,000 a year, although the percentage of school-age girls having babies has not changed appreciably in recent years. It is estimated that more than 200,000 school-age girls became mothers in 1970. Between 50% and 60% of them were married by the baby's due date. There are no reliable statistics on the number of school-age girls who became pregnant but had abortions or miscarriages. And no one knows with certainty how many girls became pregnant and gave birth without the knowledge of school officials or other governmental agencies. But the guesstimates on the number of all school-age girls who become pregnant each year range up to 1 million or more.

FACT: In the old days (and they are as close as the 1950s and early 1960s) most school-age mothers who were unmarried-and even some of those who were married--gave up their babies for adoption. Not so today. Nearly 85% of the 200,000

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plus school-age girls who gave birth in 1970 decided to keep their baby and to raise the child, according to Marion Howard, former director of the Research Utilization and Information Sharing Project, Consortium on Early Childbearing and Childrearing, of George Washington U., Washington, D.C.

"It is becoming alarmingly apparent that in many schools--especially those in areas where unemployment is high and incomes low--birthing babies has become the new status symbol," wrote Gail Cottman, in an article on school-age mothers in the Nov. 21, 1971, issue of West, the Sunday magazine of the Los Angeles Times. "Sociologists, counselors and others in direct communication with teen-agers are trying to comprehend exactly why so many kids want kids," she wrote. "Last year, 2,000 pregnant girls were referred to continuation classes at Widney High, in Los Angeles. Of the 1,700 that actually participated in the school's teleteach or health center classrooms, over 90% kept their babies."

FACT: "Pregnant adolescents are getting younger, with many 12- and 13-year-old girls pushing the median age down," wrote Ted W. Gray, director of special education and diagnostic services in the Shawnee Mission Public Schools of Kansas, in the October 1970 issue of Phi Delta Kappan. According to the U.S. Dept. of Health, Education and Welfare, the number of illegitimate live births by girls aged less than 15 increased about one and one-half times in the 10-year period ending in 1966.

FACT: In an article for the September 1971 issue of The Journal of School Health, Miss Howard wrote: "Of those married and unmarried girls who become pregnant under the age of 16, studies also indicate that 60% will have another child while still of school age." Gray in his article for Phi Delta Kappan quotes Philip M. Sarrell's report of a five-year study in New Haven, Conn., of 100 girls under the age of 17 who originally had babies out of wedlock: "In addition to the 100 original babies in the five-year period of time, this group of patients had 240 more pregnancies, or approximately 3.5 per girl. Only five girls did not become pregnant again."

The editors of Education U.S.A. asked subscribers to provide data for this special report.

One of the questions asked was: "In your opinion, is schoolgirl pregnancy an increasingly serious problem for school administrators and communities?"

There were different interpretations of the question. Some thought it made reference to whether there were more pregnant students; others decided it referred to how the schools were coping with pregnant students.

A majority of respondents answered "yes" to the question, but the minority answering "no" was a substantial one. This is a sampling of what educators said in reply to the question:

- "The number of reported cases has increased fourfold during the last two years." (Eastern city with population of 58,000.)
- "Things are getting better, if anything. The number of cases has not

changed markedly in 15 years...." (Midwestern city with a population of 62,000.)

- "We have more alternatives available to the girl and her family for continuation of education than we had three years ago. Pregnancy is not on the increase at this time." (Town in the Far West with a population of 16,000.)

- "There is not a great increase in our high schools, but a great increase in junior highs--mostly ninth grade." (Northwestern city with a population of 60,000.)

- "Quite the contrary. Administrators, teachers and citizens today generally have more enlightened attitudes toward teen-age pregnancy than ever before." (Midwestern city with a population of 45,000.)

- "I believe that this is an increasingly serious problem in that the incidence of pregnancy among school girls has doubled and the need for structuring of educational programs for all youngsters is paramount. Recently, school districts and communities have become more aware of these problems and are presently trying to work with them." (Eastern city with a population of 50,000.)

- "The number of pregnancies reported to us and requests for help are increasing, but this is due to more openness about this in society generally. I'm not convinced the percentage of increase is greater." (Midwestern city with a population of 55,000.)

The last comment probably best describes what's happening today in respect both to the numbers of pregnant students and to the reaction to the condition on the part of mothers-to-be, parents, school officials, and people in general. There are more pregnant students reported today than 10, 20 or 30 years ago primarily because there are more students in our schools today than there were 10, 20 or 30 years ago.

In the past, school-age marriage and pregnancy were sins to be covered up and forgotten. Nearly everyone agreed that this was the right course. While this is still true in most places, there is an increasing number of persons and institutions who are unwilling to cover up and forget. There is, indeed, more "openness."

As already stated, more and more girls--married and unmarried--refuse to hide their pregnancy, refuse to abort their child, refuse to give him up for adoption, and refuse to be cheated out of an education.

"The Children's Home Society, the nation's largest nonprofit, private adoption agency, was forced to close intake until 1972 to couples seeking to adopt anything other than school-age or medically handicapped children," wrote Gail Cottman in West magazine. "The supply of healthy infants of every color is limited."

Miss Cottman, who worked for the society, quoted B. J. Siebenthal, the agency's president in California: "If this had reflected a drop in out-of-

wedlock births, we would have felt much satisfaction. But it did not. California births to unmarried mothers in 1970 reached a new high--and four out of five of these mothers decided to raise their babies as single parents."

In the face of an increase in the number of expectant students (including mothers-to-be and fathers-to-be) and an increase in the number of school-age mothers who want their babies and their education, more and more schools are being forced to reevaluate their position. When they do, they often conclude as did this educator responding to the Education U.S.A. survey: "We made it a problem in the past by our reaction to the pregnant girl. We are aware of more pregnancies. With our changing attitudes we make more provisions for them than in the past."

A school official in a large Midwestern community said it this way: "The problem always has been here, only now we are helping the young person continue her education instead of burying her in shame."

The help the schools provide varies widely. But there is an increase in the number of school districts allowing pregnant girls to continue their education in regular classes for as long as their and their unborn baby's health allows. There is also an increase in the number of districts providing special classes and schools for pregnant students and in the number of systems providing or arranging for medical and family counseling services for enrolled pregnant students. Even the baby's father--yesterday's non-person--is being encouraged to seek and receive guidance.

"Currently, over 150 communities have set up interagency efforts to provide comprehensive services to school-age girls who live at home during pregnancy and most often keep their baby," wrote Marion Howard in The Journal of School Health. The school is one of the principal agencies involved; others may include a hospital or clinic, the YM-YWCA, family counseling agency, and social welfare office.

"These programs are already serving 40,000 school-age pregnant girls annually," Miss Howard wrote, "more than four times the number of all maternity homes in the United States combined. The focus is on improving comprehensive services to young families."

It appears that schools still have a long--a very long--way to go before they are far removed from the policy which implies that school-age marriage and pregnancy are evil and insists the school will not see the evil, not hear about it, and not speak about it.

But the schools are moving.

This special report describes what the schools are moving from and toward, pointing out some of the promising developments and some of the most pressing problems along the way.

HARSH POLICIES: PAST AND PRESENT

Speaking of school policies and practices regarding pregnant students, the director of special services and guidance in a district long considered to be one of the East's finest and most progressive school districts said: "Our attitude is archaic and puritanical and sadly in need of a complete turnaround."

Furthermore, some policies and practices are not very lawful either, considering the number of court decisions that have struck down rules that punish married students and pregnant students and exclude them from all or most formal education. (More about the court decisions later in this report.)

Marriage and pregnancy are the primary reasons why girls leave school prematurely. Although there are no reliable statistics to support the conclusion, many informed persons believe marriage or the girl's pregnancy also causes a number of boys to leave school early.

In many cases, the students don't drop out; they are deliberately pushed out by official school policy or subtly forced out by unofficial school pressure. Often they are not encouraged to come back after the baby has been delivered.

Marion Howard charges that "the majority of young mothers never return to school following childbirth and even fewer obtain their high school diplomas. Thus," she says, "those who most need an education and preparation for work are least likely to achieve it. This results in unemployment, underemployment, and increased welfare dependency."

In 1968, the Educational Research Service (jointly sponsored by the National Education Association and the American Association of School Administrators) asked school districts with an enrollment of 12,000 or more for a copy of their policy regarding unwed pregnant students. There were 154 policies submitted in response. Of that number, 51 required the immediate removal of the girl from the regular school program as soon as the pregnancy was reported or discovered. Another 17 policies required a pregnant student to be dropped as soon as she became a "problem" to herself or, more importantly, to school officials. An additional 15 policies set a specific time during the pregnancy when the student must drop out of school (the end of three months, four months, etc.). The remaining policies allowed school officials to decide on "an individual basis" when the pregnant student should end regular school attendance.

In less than half the 154 policies was there any provision for the

student to continue her education. Where there was provision, it was most often limited homebound instruction.

The American School Board Journal reported on a survey of 17,000 school districts in its April 1970 issue. The survey results showed that only one of three districts made any education available to pregnant girls, even though there was state aid authorized for the purpose in many instances. Again, where continuing education was offered it generally was in the form of limited homebound instruction.

As the Midwest school administrator said in response to the Education U.S.A. survey, some school districts are renouncing those policies and practices that bury the pregnant girl in shame. But the language of policies in many districts regarding marriage and pregnancy sounds harsh. For example:

- "The board of education believes that high school marriages should be discouraged on the premise that they hinder development of desirable moral, social, and economic values."

- "A student upon becoming married must announce the fact immediately and remain away from school for three school days. This is a most crucial time as to the influence upon other youngsters. After conferences with school officials, the student shall submit a letter to the board expressing an interest in continuing in school, stating that all rules and/or regulations are understood, and affirming his intention to exert wholesome influences." There is no explanation offered why married students are presumed to be particularly bad influences on the first three days of their marriage. There also is no explanation of the nature of the "wholesome influence" the married student must pledge to exert, and no guidance on how he is supposed to carry out this vague responsibility.

- "Married students shall be expected to conduct themselves in a manner that is acceptable in the opinion of counselors and staff, and they shall refrain from discussing and elaborating upon references to married life that might be considered undesirable for unmarried students. Persistence in practice of undesirable conduct in this respect shall be considered reason for termination of enrollment."

- "A married student must exert no undesirable influences. Discussion which might be considered undesirable for unmarried girls to hear may be sufficient cause for cancellation of enrollment."

Despite the absence of reliable information demonstrating that expectant students are themselves immoral and pushers of immorality among other students, the policy in most school districts remains one of banishing pregnant students when they show their pregnancy or tell about it.

And, while in most cases students who get married are not forced out by official policy, they are often pushed out by policies that disfranchise them of privileges accorded other students and that tend to set them apart from other students.

It may be that policies regarding married students are harsh and

restrictive because school officials presume that most students get married after the girl discovered she was pregnant. They are probably right.

A 1970 survey of 827 schools in 19 North Central states found that more than 65% of married students exchanged wedding vows after the couple discovered the girl was pregnant.

Laws, regulations, policies, and practices that punish married students and expectant students by denying them a decent education, by drastically restricting their activities, and by ostracizing them from their society were discussed by participants at a 1970 National Invitational Conference on Parenthood in Adolescence.

Said the conference report:

"The pregnant teen-ager faces a formidable array of legalistic difficulties and discriminative policies which often drive even program administrators and other professionals to seek a way of 'getting around the law.' Certain of the legal barriers are especially frustrating because they preempt the girl's own decision-making ability, in effect thwarting a major goal of many programs for pregnant girls--to make the girl independently capable of responsible decisions. This has been particularly true in the area of continuing education, where school board policies often force the pregnant school-age girl out.

"Another policy matter that seriously affects the girl is the opposition of school personnel to her reentry into regular school post-partum. Other laws and policies present obstacles in several areas of service to the school-age parent. While some school systems allow married persons to attend, they may regularly prohibit them from participating in extracurricular activities, further isolating them from their peers and stunting normal social growth."

In some states and school districts, instruction in sexuality and family living are prohibited outright or so watered down that they neither offend anyone nor inform anyone. In at least two states, conference participants learned, parents are permitted to withdraw their children from established sex education programs. Said the report: "One participant wondered 'how many of the children were consulted in a decision like that, or would have excused themselves.'"

Not only are most school district policies hard on married students and expectant students, but so are many welfare policies. Said the conference report: "Welfare policies present obstacles to the girls, often denying the appropriate aid or refusing to give them an allotment so they can finish school, but supporting them if they decide to drop out of school to take low-paying jobs with no potential. Allotments may be given to the girl's parents and not to her to use in caring for her child. Policies differ from city to city and from state to state, a most confusing situation for those trying to aid pregnant girls and even more confusing for the girl to cope with."

There are districts that are leading the way toward new approaches in

education, counseling and other forms of assistance for married students and expectant students. But the policies that ignore, punish, expel, restrict, and deny seem to be in the majority.

The following policy comes from a small school district in the upper Midwest. Although there are references to "recommendations," the statement was defined by the district as "policy." Evidently, the board adopted the "recommendations" verbatim.

"The following recommendations are presented to serve as a guide to the board as they consider the matter of maternity and paternity among the student body. This may or may not involve a marriage.

"For Girls:

"1. The girl is required to withdraw from the regular school program at the end of the third month of her pregnancy.

"2. Homebound instruction will be made available for the girl in order that she may continue her education.

"3. The girl is not permitted to take part in commencement activities during her pregnancy. She may reenter the regular school program no earlier than four weeks after delivery. Upon reentering school, she may take part in commencement activities.

"4. She may not take part in extracurricular activities during the school year (or years) in which her pregnancy occurs, either before or after delivery.

"5. Awards earned prior to conception, but not yet received, will be presented privately.

"6. She may not hold office or represent the school during the school year (or years) of her pregnancy.

"For Boys:

"1. The boy may remain in school for academic study only during the school year (or years) of his paternity.

"2. He is permitted to take part in normal commencement activities.

"3. He may not earn awards or honors during the remainder of the school year. Awards earned prior to the time of conception, but not yet received, will be presented privately.

"4. He may not hold office or represent the school during the school year (or years) of his paternity.

"Married Students:

"1. Married students may remain in school for academic study only.

"The above recommendations are not offered as punishment. They are presented in the best interests of the boy or girl involved because their role has changed considerably from that of the typical student. The safety and health of the girl and the emotional problems of both the girl and the boy must be taken into account."

The first point to be made about this policy is that insofar as expectant students are concerned, there is no distinction made between pregnant married and unmarried students. This is typical of many policies submitted to Education U.S.A.

Pregnant girls are dismissed at the end of the third month. In similar policies the expulsion might take place when the school is informed of the pregnancy, when a school official notices it, or at the end of the fourth, fifth, sixth or seventh months. There seems to be a strong prejudice against the physical appearance of the girl. The school system appears to be more embarrassed by and resentful of the girl's showing the result of conception than the fact that the baby might have been conceived out of wedlock.

For example, the pregnant girl cannot participate in commencement exercises. But she may participate when she returns to school after the baby's delivery or abortion (presuming that she hasn't missed graduation in the interim). Almost all policies such as this one profess the school system's concern with the welfare of the expectant students and other members of the student body. But in the matter of the commencement exercises, the concern seems only to be over what parents and other community residents will say if confronted with a pregnant graduate.

And the policy permits the father of the child (presuming he is known) to attend commencement exercises. Since he is punished by other clauses in the policy for his role in the pregnancy (again whether or not he is married), the fact that he is allowed to attend commencement seems to indicate that the school system does not view him as an obvious embarrassment.

The punishment clauses referred to are those that strip expectant students (girls and boys) of rights and privileges accorded to "normal" or "typical" students. The students are ineligible to participate in extracurricular activities; they may not earn awards and honors (regardless of how much they may be deserving because of scholastic accomplishment) and they may not hold any student office or represent the student body in any way.

The rhetoric in policy after policy submitted to Education U.S.A. professes that the school system's only interest is in doing well by the expectant students and their peers. But the practices don't seem to match the preaching in most cases.

While many policies make no distinction between married and unmarried mothers-to-be, some do. When they do treat unwed pregnant girls differently, they tend to treat them more severely--penalize them for bearing an illegitimate child. Here is a portion of a policy from a small district on the West Coast:

"If a married girl is pregnant, she may continue school to the end of

the semester in which the pregnancy is determined. However, in no case shall the girl be allowed to remain in school beyond the date three months prior to the expected birth of the child as verified by a physician's written statement.

"Married girls who become pregnant and are thus dropped from school may be furnished a home teacher if one is available.

"Unmarried girls who become pregnant will be dropped from school as soon as their pregnancy is determined."

Not only does this school system expel the unwed pregnant girl more quickly, it evidently also makes no provision for her to continue her education on even the limited basis of home instruction.

State regulations and court decisions are beginning to force school districts to alter their policies concerning married students and expectant students. But some districts still advise parents to withdraw their pregnant daughter from school.

For example, the Ohio Attendance Book says: "A board of education may not exclude from school an unmarried pregnant student, unless school attendance would be detrimental to her physical safety and well-being." But a small district in the state has adopted this policy:

"Non-married Pregnant Females:

"1. As a general rule pregnant unwed females will be advised against continuing in school. Parents will be consulted and advised of the negative psychological ramifications of a student being subjected to all sorts of ridicule from his (sic) peers. The parents will be encouraged to withdraw their daughter from school and provide a tutor so that the progress toward high school graduation can continue.

"2. A pregnant unwed female will not be permitted to participate in extracurricular activities. Participation in baccalaureate and commencement exercises will be at the discretion of the high school principal. These rules apply as well as to the student father of an expectant unwed female."

In districts where the pregnant girl is expelled or pressured to "voluntarily" withdraw, there is usually provision for her reinstatement after the birth or abortion of the baby. However, the waiting period might vary from a few weeks up to nearly a year. In not a few instances, however, the girl's reinstatement either is not mentioned at all, is left to the discretion of the high school principal or some other official, or referred to in some vague way. Here are some sample policies on this point from the Education U.S.A. survey:

1. "Following delivery, she may be readmitted, provided a minimum of three months has elapsed prior to her readmission." This policy from a large Southwestern city gives no explanation of why it is necessary that the mother wait three months before returning to school.

2. "In cases of obvious pregnancy, the girl will be asked to withdraw from school immediately." This policy from a rural Midwest district doesn't indicate whether the mother may return to school or, if so, when.

3. "Unmarried couples who become involved in a pregnancy shall withdraw from the school and neither may be re-enrolled until after the birth of the child and at the beginning of a semester." Most policies apply only to the pregnant girl. This one from a county district in the Far West includes the father (if he is known). Under the terms of this policy, expectant students who have a child shortly after the start of the second semester in January or February, for example, may not return to school until the following September.

In some districts the policy pertaining to the reinstatement of a mother allows the school system to decide whether the girl shall return to the school from which she was expelled, or be transferred to another school. Typical of such a provision is this statement from the policy in a large Southwestern city: "The girl's best interests are to be considered in determining which school she will attend upon her return to school. If the principal of the home school feels that the girl should attend another school, he should forward his recommendation to the director of secondary administration for a final decision." There is no indication that the girl or her husband, or parents, or guardians have any say in this decision, although the policy is supposedly in the girl's "best interests."

FLAWS IN HOME INSTRUCTION

Where schools make any provision for continuing education during pregnancy and during the waiting period after the birth it is traditionally homebound instruction. Sometimes the pregnant student or new mother will be directed to the district's adult school or encouraged to take correspondence courses. Too often there seems to be little attempt made by the school system to help the girl match the adult school program or correspondence courses to the curriculum she was engaged in prior to her pregnancy.

Few school systems (and fewer students) find adult education courses, correspondence courses, and homebound instruction very satisfactory, according to Marion Howard. Writing in American Education, Miss Howard noted that "it is difficult to keep the girls up with their classmates with only two hours a week of home teaching. Night school seems ill-advised, because it often keeps the girls out late in the evening. And the obvious differences between the girls' attitudes, behavior, and levels of interest and those of the more mature students make attendance in adult education classes less than satisfactory."

In an article in the October 1970 issue of Phi Delta Kappan, Joe Huber, associate professor of secondary education at the U. of South Dakota, wrote: "The home instruction program is one of the oldest in the nation. In many larger districts, one or more special education teachers are assigned as visiting teachers. The girl may receive visits from the home instructor of one or two hours weekly for two or three subjects.

"This is academically sufficient as a substitute program if the girl works hard to keep herself fairly current with her class. If she continues after the birth of the baby, she will probably be able to take extra subjects or an extra semester of work in order to graduate on schedule.

"Some of the common weaknesses of a home program are: (1) emphasis is usually in the area of academics; (2) the situation is ineffective for development of a good self-image; (3) it is only a partial solution of the many problems these girls exhibit; (4) many girls receive no instruction as a result of the request not coming from the educational unit."

Huber's fourth point is an interesting one. Quite a few of the policies received by Education U.S.A. that made provision for home instruction do so at the request of the student. If the girl has been expelled and if she has problems with her family, with the father of the child, and with herself, she may not be likely to initiate the request. The school system, then, is free to forget about her.

A Midwestern school district, trying to develop a better way of meeting the educational needs of pregnant girls and new mothers, declared that "homebound instruction was not the practical answer to the problem for these reasons:

- It is very difficult to get an adequate number of teachers to do homebound instruction for students who are ill. To add the pregnancy cases to this list would impose a very difficult problem.

- Some teachers do not wish to go to homes to give instruction--particularly at night.

- Some teachers find it inconvenient to drive to the home, or lack transportation which is convenient.

- Many teachers find that their after-school hours are already taken up in extracurricular work, meetings, tutoring, or going to school for advanced work.

- Homebound instruction would not provide the continuity, number of hours of instruction, and individual as well as group counseling provided by the special classes (under consideration by the district)."

The key part of the analysis might be the last point. The critics of homebound instruction say it simply does not supply enough.

From an examination of the homebound instruction outlines provided by some districts responding to the Education U.S.A. survey, it appears that the most common program includes one hour per week per major academic subject. Some districts supply less and some supply more. Indeed, one district said it required a minimum of eight hours' instruction a week. In almost all cases, homebound instruction--or tutoring--is provided free by the district.

Most districts seem to leave it up to the student and her parents to request homebound instruction. And in a few cases the tutoring is discouraged. For example:

- "Homebound instruction will be provided in these cases only if the parent pays the cost of instruction at the rate of $4 an hour, and provided a certified teacher is voluntarily available." (Small district in the East.)

- "If the girl is a senior and it is near the close of school, she is permitted to do her school work at home, and special arrangements are made for her to take her final examinations so she will graduate. If she is not a senior, she is encouraged to return to school after the child is born. She can attend summer school to make up the time she lost." (Large Midwest district.)

Few districts seem prepared to tailor homebound instruction to the particular needs and situation of individual students. One exception that implies the district's intention to prescribe instruction on an individual basis was submitted by a district in Pennsylvania. Portions are as follows:

"1. The guidance counselor, after consultation with the student, her parents, the principal, and teachers involved, will determine what subjects are to be taught in the home.

"2. The counselor will arrange for the appropriate teachers to be employed.

"3. The homebound teachers will work directly and closely with the student's regular teachers in an effort to make the homebound program parallel the regular school program as much as possible. Insofar as possible, the regular school program requirements will be met.

"It is recognized that these are only guidelines of a general nature. Individual cases may necessitate special provisions. All such cases must be handled through the office of the school principal. The appropriate school staff and offices will provide any assistance or information concerning any phase of the student's education as needed or requested. In all cases, the counsel and recommendations of the student's physician will be most carefully sought and considered."

Although this policy on home instruction was one of the most flexible and student-oriented submitted to Education U.S.A., even this is not now considered good enough. As an indication of new attitudes toward programs for expectant students, this policy was made null and void in September 1971 when the Secretary of Education for the State of Pennsylvania issued the following memorandum to all chief school administrators:

"The Dept. of Education has received notification from the Dept. of Justice that termination of school attendance by reason of pregnancy of a pupil is a violation of the pupil's constitutional right to public education. School districts are advised, therefore, that local policies and practices in this matter are to be reviewed to insure that no pregnant pupil is denied this basic right.

"As final approval authority for the exclusion or excusal of pupils, the Dept. of Education will not accept requests from school districts beginning with the 1971-72 year for the exclusion or excusal of pregnant pupils unless accompanied by written certification by the attending physician that school attendance during pregnancy would be harmful to the pupil.

"It is emphasized further that efforts to provide for pregnant pupils through homebound instruction or other part-time educational programs, except in those rare cases where deemed medically advisable, would also be viewed as violations of the pupil's rights."

SIGNS OF CHANGING ATTITUDES

The memorandum sent out by the Pennsylvania Secretary of Education is one indication of the second thoughts educators, lawyers, judges, expectant students, their parents, and people in general are having today about school policy for married students, pregnant girls, and new school-age mothers and fathers.

Here are some other signs of the times:

MASSACHUSETTS

The following memorandum was sent to all school committees (boards of education) and school superintendents in Massachusetts by State Comr. of Education Neil V. Sullivan and dated Sept. 9, 1971:

"I am enclosing for your information a federal court decision by Judge (Andrew A.) Caffrey, U.S. District Judge for the District of Massachusetts, 'Ordway v. Hargraves, North Middlessex Regional High School.' I think it's important that you bring this information to the attention of your school committee. You will note that the court ordered reinstatement of Miss Ordway despite a school committee policy that excluded pregnant unwed students.

"The core of the decision is to be found on pages 7 and 8 of the enclosure (the full text). The court states:

"'In summary, no danger to petitioner's physical or mental health resultant from her attending classes during regular school hours has been shown; no likelihood that her presence will cause any disruption of or interference with school activities or pose a threat of harm to others has been shown and no valid educational or other reason to justify her segregation and to require her to receive a type of educational treatment which is not equal of that given to all others in her class has been shown.

"'It would seem beyond argument that the right to receive a public school education is a basic right or liberty. Consequently, the burden of justifying any school rule or regulation limiting or terminating that right is on the school authorities.'

"A school's legal burden in such cases should prove difficult to shoulder given the trend in both educational practice and judicial precedent. The Ordway decision reflects a widespread and growing concern with the denial of equal educational opportunity that results from exclusion in these

situations. There is also increasing recognition that the long-run community interest is not served by excluding a student from school, diminishing her opportunity for education and inflicting possible psychological damage, thus affecting her future ability to support and care for herself and her child.

"In all cases involving pregnancy, it would certainly seem advisable from both a medical and legal standpoint to insure that the student is under the continual supervision of a physician and to ask that he make the determination that no danger to the student's physical or mental health would result from her attending school. Such supervision should include an appointment with the supervising physician at least once a month during the period of pregnancy.

"In conclusion, I believe that this federal court decision should prompt all of the schools of the Commonwealth to hereafter recognize that students, married or not, may not be excluded from school solely because of the fact that they are pregnant. Naturally, the privacy of any student who prefers to remain at home during her pregnancy should be respected...."

HARVEY, ILL.

A committee making recommendations for a new policy in the Thornton Township High School District in Harvey, Ill., recently had this to say:

"The trend is definitely toward assisting pregnant students to continue with their education. In 1940, approximately 70% of the high school districts denied attendance to these girls. The number denying attendance now is around the 40% mark.

"Because they receive their first public censure from schools, which reflect society's mores, girls conceal pregnancy far beyond safety's sake. The death rate among unmarried mothers is four times that of married mothers."

The committee then went on to list the following points in support of a more forward-looking policy:

"1. State law entitles these girls to an education and we are expected to furnish it.

"2. Provide for educational needs.

"3. Provide indirectly for the child.

"4. Counsel the girl at a time when she really needs help.

"5. Cut down on the dropout rate.

"6. No discrimination shown.

"7. More girls probably need such a service than our present statistics would indicate.

"8. No evidence that they disrupt other students.

"9. It is the morally right thing to do.

"10. In the long run, less expensive for society."

MICHIGAN

The Michigan State Dept. of Education adopted new rules governing pregnant students in June 1971. Rule 1 says: "A pregnant girl under the compulsory school age may withdraw from a regular public school program when her parents or legal guardian submits a signed request for the withdrawal and a certificate by a physician...that such girl is pregnant and that continued attendance in school may adversely affect her health or that of her child. School authorities or other school personnel shall not order a pregnant girl against her will, nor coerce her, to withdraw from a regular school program."

SPOKANE, WASH.

By a split vote, the board of directors for School District 81 in Spokane, Wash., adopted in November 1971 a new policy regarding married students and expectant students. Substituted for the restrictive, punitive clauses of the old policy were these statements:

"Married students shall be eligible to participate in the total program of the school, including extracurricular activities, so long as there is no waiver of charges for these activities. They shall assume the same responsibilities and abide by the same rules set for all students.

"A pregnant girl may continue in the regular school program until a time set in consultation with her counselor, her legal guardian and/or her physician. The school reserves the right to withdraw a girl from school attendance or to secure medical recommendation when her apparent physical or emotional condition indicates that further attendance will not be in her best welfare or will significantly disrupt the educational process for others.

"A pregnant girl may have her schedule of classes modified to accommodate her special needs.

"A pregnant girl may transfer to Continuation High School at her option or when her needs require a more individualized program or protected environment than the regular school affords.

"A girl may reenter school six weeks after the birth of her child or upon written recommendation of her physician directly to the school principal."

MARYLAND

The State of Maryland passed legislation that says a pregnant student cannot be excluded from the educational program. And the law says the school district will arrive at an "appropriate educational program" for each girl on the basis of "joint consultation with the girl, her parents and/or husband, appropriate school personnel, and her physician."

The appropriate school program is not limited to a few hours of homebound instruction. There are these possibilities listed: "Continuation of the regular school program (modified in terms of individual needs), enrollment in a special school or special class for pregnant girls, enrollment in a residential school (may be regional), telephone teaching, TV teaching, home teaching, programmed instruction, admittance to a private maternity home, combination of the above programs."

The law goes on to say: "It is the responsibility of the local school system working with the home to cooperate with other state, county, and city agencies, such as health, welfare and juvenile services and with private physicians or agencies to assure that the pregnant girl receives proper medical, psychological and social services prior to termination of pregnancy and for as long as needed thereafter."

MISSOURI

A lawyer who won the case for a pregnant girl seeking reinstatement to a school in Missouri wrote a letter to Kent Barber, legal officer in the Missouri State Dept. of Education. The letter said in part: "I am informed that, by reason of the rather broad publicity this case received in the news media, that other school boards are reviewing their rules regarding pregnant students. We are hopeful that the other school districts who have these antiquated rules and policies will see fit to finally abolish them."

NORTH CAROLINA

The North Carolina State Board of Education adopted a resolution in February 1971 in which the board recognized "the need for increased and constructive concern for school-age pregnant girls to have the opportunity for continuing education." It directed the state department of public instruction to work with local school districts "to provide appropriate educational services for pregnant school girls." The board's action followed a report by Mrs. Catherine Cooke, consultant to the division of exceptional children in the department of public instruction. One of the first things Mrs. Cooke did was to explode some old myths:

"Fallacy: The population of pregnant teen-agers is small.

"Fact: Each year in North Carolina there are approximately 21,000 births to teen-aged mothers--that's one every 24 minutes.

"Fallacy: Most of the teen-aged mothers are unwed.

"Fact: Some 72% of the children are legitimate at birth.

"Fallacy: Most of the girls are of a minority race.

"Fact: In 1968, 11,815 of such mothers were white, while 9,232 were non-white.

"Fallacy: Most of the pregnancies are to sexually promiscuous girls.

"Fact: Teen-age pregnancies are not the result of any so-called 'new morality.' The rate of illegitimacy has not increased in the past decade. Mostly, girls become pregnant for the same reasons they did 20 years ago: ignorance, confusion, and inexperience."

A NEW ALLIANCE

In 1970, the National Alliance Concerned with School-Age Parents was established in headquarters at 1329 E Street NW (Suite 419), Washington, D.C. It was in part an outgrowth of the first invitational Conference on Parenthood in Adolescence held in Washington in January 1970. One of the conclusions of the report on the conference is as follows:

"On the optimistic side is a new expression of a willingness on the part of highly placed federal and state administrators to listen to the people they are trying to serve, an openness that says, in the words of one federal participant, 'the more we listen the more we learn and the more we are going to be willing to make the necessary changes.'"

TEACHER POINT OF VIEW

A recent teacher opinion poll conducted by the National Education Assn. showed that the vast majority of teachers think school systems should provide pregnant girls with the opportunity to continue their education. Only 14.1% thought that pregnant students should be excluded from school with no provision for continuing their education.

Almost 20% of the teachers polled thought that pregnant students should be allowed to attend regular classes, and about 33% suggested pregnant students be offered equivalent educational programs in special classes in regular or special schools. Approximately 28% opted for homebound instruction.

SERVICES EXPANDING

In 1968 there were 35 known comprehensive service programs for pregnant girls. Today there are believed to be about 175.

After a survey of school boards, researchers Frances Wurtz and Geraldine Fergen reported in the April 1970 issue of American School Board Journal that there are some positive trends in the way expectant students are treated by their schools. The four positive trends they found are as follows:

1. School districts are getting away from home instruction as the method of continuing education and moving toward attendance in regular classes or in special classes operated by the school system.

2. There is an increasing number of states providing financial assistance to school districts that offer some form of continuing education to pregnant students.

3. State departments of education are exercising a greater leadership role in encouraging districts to establish new educational programs for pregnant students or in establishing the programs themselves.

4. Total rehabilitation of the students has become the watchword in new programs and in long-range planning undertaken by state departments of education and local districts.

The signs of the times are everywhere. They are still just beginnings, but beginnings lead to endings. Most people who have observed the changes in attitudes, policies and practices concerning expectant students believe there are going to be more happy endings.

One of the factors prompting a reassessment and revision of school policies and practices toward expectant students is the newly acquired knowledge, backed up by experience and research, that has demonstrated to school officials that expectant students want to continue their education and want to succeed.

Marion Howard cites studies that indicate that young mothers want to complete their education. Demonstration programs, she says, have already shown that girls can and will attend school during pregnancy (either in special classes or in the regular schools, if appropriate)--and the girls "often study harder and improve their grades." Further, she notes that the rate of return to school is high (85-95%), resulting in increased numbers of high school graduates and reduced welfare dependency. One follow-up study indicated there were twice as many graduates among those who had been given an opportunity to continue their education during pregnancy as compared with those who had not.

The signs point to the development of more flexible programs for expectant students, programs that are tailored to individual needs and problems. And pregnant students need more than merely a continuing education.

Miss Howard points to the other "risks" faced by the pregnant school-age girl:

"There are also health risks for mothers and infants. Although all school-age pregnant girls are a risk, the younger the girl the greater the health risks. When socioeconomic background and ethnic origin are added, the risks are even greater and there are complications in both pregnancy and delivery."

She observed that birth control is often denied sexually-involved adolescents even when they ask for it. Without parental consent, she said, few girls can obtain birth control information or paraphernalia even after they have had a baby, and abortions are not freely available to these girls. Teen-age girls face health risks, Miss Howard continued, especially if pregnancy occurs before cessation of their growth. There is considerable evidence, she said, to indicate that the course and outcome of pregnancies of girls under age 17 are much poorer than those of girls who are over 17 and women aged 20 to 24.

Miss Howard went on to say: "The fact that well over half of the girls are able to contract hasty marriages before the birth of the child does not diminish their high educational, health, and social risks. In some cases, it compounds them. Marriage is commonly thought to be the solution to conception out of wedlock and young people are forced into premature marriages for which they are financially, educationally, and emotionally unprepared."

Unfortunately, Miss Howard said, marriages between school-age youths often tend to isolate them from peers. And the couple is often required to be dependent on the parents of one or both partners. "Nationally, the divorce rate for those married in their teens is three to four times as high as for any other age group," she said.

School systems that prohibit young married couples from participating in extracurricular activities and holding school offices reinforce the isolation that may already exist between the couples and their peers, she said. Young mothers may be handicapped if they are not in school and not working. The evidence indicates that such girls are likely to fall into a pattern of repeated childbearing, according to Miss Howard. If the girls are unmarried, they are less likely to marry and more likely to end up on welfare. Among pregnant girls under age 16, she said, studies show that 60% will have another child while still of school age.

Because of the educational, health and social risks faced by pregnant students, the emphasis today is being placed more on flexible and comprehensive programs. Homebound instruction is probably unsatisfactory for most pregnant students, but no single program is going to be appropriate in all cases. Mrs. Catherine Cooke, consultant to the Division of Exceptional Children in the North Carolina State Dept. of Public Instruction, talked about fitting the program to the individual in her report to state officials:

"No single method of continuing education is appropriate for all pregnant teen-agers. One case I received a letter about recently was a straight-A student, who, finally, was permitted to return to school after her minister threatened to argue against the school's punitive rules in public. The 15-year-old was quite mature, made up her own mind to continue aiming for a college education, didn't appear to be upsetting anybody or anything except the long-established rule book, and in the end missed only 21 days of school. In her case, I would say, staying in the regular public schools was the appropriate method of continuing her high school education.

"But take a seventh-grader. The most essential and appropriate thing for her may not be reading and math but some kind of medical attention. The state's schools are moving in the direction of agency cooperation now (health, education and social services, for example) to help find the best overall arrangement for education of pregnant girls. Agencies don't tend to favor coordination, but so many girls need not only schooling, they need health care and personal counseling as well."

In other cases, Mrs. Cooke said, girls may regard their pregnancy as proof of their own identity. For example, the pregnancy may represent their first success at anything. They may have gone unnoticed in school and unloved at home. For such girls, Mrs. Cooke said, "the counseling available

in a special school would be more desirable than going back into the mainsteam of failure."

The reassessment of policies and practices goes on. And the new emphases appear to be these:

1. Continuing education for all expectant students.

2. Flexible programs geared to individual needs.

3. Comprehensive services that meet the pregnant girl's educational, health and social risks.

REGULAR CLASSES: SOLUTION FOR SOME

When Mrs. Catherine Cooke of the North Carolina State Dept. of Public Instruction was doing the research preliminary to her report to state officials, she began to glimpse the stumbling block in candid discussion about pregnant students--discussion that might lead to new policies and practices. Said Mrs. Cooke:

"The topic of education of pregnant school girls is unique in that we are often expected to adopt an attitude toward the girls--both personal and professional. By tradition, one of the socially reinforced responses has been the disapproving frown, lest anyone get the mistaken impression that the conduct leading to pregnancy is approved or condoned. Another common response is a smile at the suggested reference to sex.

"Attitudes nearly always influence suggested solutions to the continuing education plans for such girls. The Atlanta Pregnancy Program (affiliated with the Emory U. School of Medicine), for example, found that the following justifications for withdrawing mature pregnant girls from regular schools (reasons also popularly given in North Carolina) were illogical and ill-founded:

"1. Some administrators and others say the girls should be out of school for their own protection. Grounds for that claim are that other students would be cruel and unkind to them. But the other students often know about the pregnancy months before the administrator discovers it, making it unlikely that any mistreatment could have remained unreported for so long a time.

"2. Some say the girls should not be in regular school for their medical protection. They cite step-climbing, book-carrying, and full academic loads as dangerous to the girls' health. Those spokesmen, however, don't worry about the steps, books, and heavy schedules in maternity schools.

"3. Some see regular school retention of the girls as an act of <u>approving</u> of pregnancy in its young students. Others go so far as to say it <u>rewards</u> pregnant girls by permitting them to stay in school. Yet, in no other circumstances is school retention interpreted as reward for student behavior.

"4. Some object on the grounds that faculty members (also members of the community) would not accept such a policy. The Atlanta Adolescent Pregnancy Program (AAPP) has experienced bell-shaped

curve reaction to its program, showing that the great majority of faculty members have no strong feelings.

"5. The suggestion that special schools for pregnant students can have smaller classes and more individualized care, and thus provide a better education, is another argument against the regular schools' keeping the girls. The AAPP's contention is that one should not have to become pregnant to get a better education."

Sharing, the publication of the Cyesis Programs Consortium in Washington, ran a cartoon in its February 1971 issue which shows a pregnant teacher talking about pregnant students. The caption reads: "If you let them stay in regular school, they might get bumped in the halls, or the students might be unkind, or the other girls might realize that babies grow inside people and run out and start them. I mean it's for the pregnant girls' sakes. As a teacher, I myself probably won't teach beyond the seventh month unless they really need me to stay on."

The attitudes that Mrs. Cooke speaks of and which are reflected in the cartoon have for years paralyzed progress toward more humane and more logical policies dealing with the education and health of expectant students. But they are showing signs of dying under the pressure of facts and logic.

The baseless "attitudes" figured in the Ordway trial that was decided in favor of the pregnant girl by U.S. District Court Judge Andrew A. Caffrey in Massachusetts. The policy that had expelled Fay Ordway half way through her senior year read: "Whenever an unmarried girl enrolled in North Middlesex Regional High School shall be known to be pregnant, her membership in the school shall be immediately terminated."

According to the decision by Judge Caffrey, the high school principal, Robert Hargraves, testified that he believed the policy had been drafted originally because of the "desire on the part of the school committee not to appear to condone conduct on the part of unmarried students of a nature to cause pregnancy." The thrust of his testimony seems to be: the regional school has both junior and senior high school students in its student population; he finds the 12- to 14-year-old age group to be still flexible in their attitudes; they might be led to believe that the school authorities are condoning premarital relations if they were to allow girl students in plaintiff's situation to remain in school.

"It should be noted that if concerns of this nature were a valid ground for the school committee regulation, the contents of paragraphs b, c and d of Mr. Hargraves' letter of Feb. 22 to plaintiff's mother substantially undercut those considerations."

The paragraphs in Hargraves' letter mentioned by Judge Caffrey read as follows: "b) Fay will be allowed to make use of all school facilities such as library, guidance, administrative, teaching, etc. on any school day after the normal dismissal time of 2:16 p.m.; c) Fay will be allowed to attend all school functions such as games, dances, plays, etc.; d) participation in senior activities such as class trip, reception, etc."

According to the judge, if Fay Ordway was really a contamination or danger to other students, she would be just as contaminating and dangerous at 2:17 p.m., at a football game, or on a class trip as she would be if attending algebra class at 10:20 a.m.

In its report of 1969-70, the Atlanta Adolescent Pregnancy Program (AAPP) had this to say on the point:

"In general, the underlying belief which dictates expulsion from school is that the pregnant schoolgirl is a 'bad girl,' pregnancy being a clear indication that she has had coitus at least once. The AAPP findings, however, indicate that the pregnant schoolgirls are not promiscuous, have usually just begun sexual intercourse, and cannot be differentiated by psychological testing or by other means from students who are not pregnant.

"If it is fair to expel a pregnant girl from school because she has experienced coitus, then authorities should expel her coital partner. They should also expel couples who are having or have had coitus but who haven't been caught."

The report on the National Invitational Conference on Parenthood in Adolescence said that policies that allow school-age pregnant girls to continue at their regular school are based on the premise that public education is supposed to be the natural right of all children, and that no special stigma should be attached to students who also happen to be pregnant.

"One of the reasons generally given for establishing separate schools or centers for the girl, instead of allowing her to remain in her own school environment," said a community action specialist at the conference, "is that we need to protect the girl from harmful attitudes of society. Because society at large is not functioning properly we must establish alternatives for the girl."

But the community action specialist pointed out that what is most needed might be a careful probing of our existing systems with a view toward revising them. Society needs "to find out why they are not functioning in the first place," she said.

"Programs which tend to separate the girl from the regular school system are reactive and treatment approach programs, reacting to a punitive society," said another panelist. "If we would not think of setting up separate hospitals for pregnant school-age girls--preferring the lower cost of changing professional attitudes and reorienting services--why think of separate schools? If we find that the punitive attitudes of teachers, administrators, and counselors are harmful to the girls, rather than remove the girls from school, we should move in and begin to deal with those attitudes and make them responsive to the needs of the pregnant girls." To speak of "separate schools," she said, is to speak about segregated education.

"We have moved beyond education segregated on the basis of race and sex in this country, and we must now look at discrimination based on physical condition," she said. She asked what there is about the condition of pregnancy that necessitates segregating a young girl from her peers.

The conference participants tried to answer those objections to keeping pregnant girls in their regular school that are most often raised. For example, one objection is that the daily schedule in most schools makes it difficult for a pregnant girl to come and go as necessary. But one panelist replied: "What is so inflexible about a school system that a girl could not be excused to go to the clinic one morning?" It isn't time spent in the classroom, but the quality of teaching the girl receives that determines whether she succeeds or fails, the panelist said. The group also cautioned educators against making unjustified value judgments regarding the girl's ability to cope with her regular full-time school program. Some girls are able to cope while others can't. The panelists also noted that the regular school can provide the broad curriculum and range of subjects the girl needs.

Some object that in the regular school girls cannot get the health and social services they need. Panelists pointed out that a school does not operate in isolation from other community institutions. While they did not advocate that the school system become heavily involved in tasks other than education--that is, to take on providing health and social services--they did suggest that the school system has some responsibility to see that the girls are referred to the proper agencies and medical resources. The system should maintain surveillance to ensure that the girls are receiving proper care by cooperating with the hospital, doctor, or agency, conference participants said. Someone in the school system could be administratively responsible for overseeing the girls' care. Also, it was pointed out that there would be no problem of reentering the school after delivery, thus increasing the likelihood the girls will stay in school and graduate.

The conference report pointed out that the community will not necessarily react with hostility to a policy of keeping the girl in her regular school. Indeed, it went on, where the community has been involved and educated about existing problems, it may become a leading proponent of such a policy. The report cites the case of a predominantly white middle-class community where "faculty and administration of some schools were playing the game of not acknowledging a pregnancy. The girl simply left school for a few weeks, had her baby, and then came back to school." In the community's ghetto, however, a pregnant girl was pushed out of school. Aroused by the unfairness, PTA and other citizen groups prepared to file suit against the board of education under the 14th Amendment of the Constitution, making the suit a federal case. School policy was changed, however, to let the girl from the ghetto remain in school.

The conference report also took note of the argument that the presence of the pregnant girl in the classroom will "contaminate" her never-pregnant peers, and stated, "such has never been proved to occur. As one participant put it, 'I am not aware that the mere presence of a pregnant girl has anything to do with the impregnation of another schoolgirl.'"

SPECIAL HELP IN SPECIAL PROGRAMS

Allowing expectant students to continue their regular education in their regular classes in their regular schools among their regular classmates is one way to deal with expectant students. It is one of the alternatives--perhaps the dominant one--to expelling pregnant students and giving them no instruction at all or a minimal amount of home tutoring.

But, despite the criticism of some panelists at the National Invitational Conference on Parenthood in Adolescence outlined in the preceding chapter, special programs for pregnant girls only (or sometimes including the fathers-to-be) are gaining in favor.

Indeed, other panelists at the conference extolled the positive values of special classes and activities for expectant students--in or out of the school. A director of special education in Minnesota said one advantage of having separate classes is that the routine of going to school becomes very important to the girl. "We must keep the girl's life as normal as possible," he said, "because she has so many things to adjust to."

Other panelists cited the fact that unique services required by expectant students can best be provided in a centralized location. "Having the maternal and infant care clinic in one spot facilitates follow-through and check-up on the girls...to see that they are keeping appointments," said the conference report.

Some conference participants pointed out that the chances of getting the local department of health to create a maternity and child care clinic are greatly increased if there is a central location where such services can be provided. Girls could receive much more thorough and extensive care in a special school or program, said the panelists, where existing community, social, religious and welfare services could be pulled together.

WORCESTER, MASS.

Since the fall of 1968, some 13 agencies in Worcester, Mass., including the school system, have been working cooperatively in behalf of pregnant school-age girls. The agencies organized as the School-Age Mothers Committee. The organizations and their primary role in the program are as follows:

Children's Friend Society: refers girls to the program and provides counseling services; Catholic Charities: referral and counseling; Family Services: group and individual counseling; Piedmont Opportunity Center: referral and family planning help; Public Health Dept.: referral and follow-

up with girls who leave the program; School System: provides teachers, books, counseling, volunteer aides and referral services; City Hospital's Social Services Dept.: referral and medical care advice; Hahnemann Hospital: provides exercise program; Visiting Nurses Assn.: education on prenatal care and nutrition; YWCA: provides the space for classes held four days a week, secretarial help, coordinating supervision, and bookkeeping; Worcester Extension Service: offers workshops on homemaking, home management, and nutrition; Community Services Volunteer Bureau: recruits volunteers to assist in the program.

In reporting about its work, the School-Age Mothers Committee pointed out that "the commitment and support of the agencies involved produce a multiplying effect in that peripheral agencies are then invited and encouraged to contribute supportive services to the program. It is unique in that it has brought together traditionally competitive agencies in an interdisciplinary attempt to serve individuals' needs in one comprehensive program."

The cooperative effort has paid off, according to the committee. The number of girls enrolled increased fivefold in one four-month period. Girls who have enrolled have remained faithful in participation. Despite the tendency of school-age mothers-to-be to develop medical problems during pregnancy, the cooperative efforts of the health agencies have prevented medical complications. The committee found that the community was changing its outlook toward pregnant girls; there have been many volunteer helpers and parental referral has been good. There has been no repeat pregnancy on the part of any girl enrolled in the program.

Participants at the Invitational Conference in Washington thought that another advantage of the special program or school is that it provides a better educational program. Said one panelist: "Because the girls' educational levels and age ranges may be so varied, the program is forced to be individual-oriented, holding small seminars and discussion type classes. As a result of this personalized attention, many girls experience feelings of achievement and success and come to have a more positive attitude toward school."

Separate schools or classes can also provide a curriculum that fits a pregnant girl's changed needs, said conference participants, which may include family life training, money management and budgeting, and business skills. Such a curriculum shift might be impossible in the regular school, they said. Furthermore, teachers in such special programs are generally hand picked; they tend to be flexible and able to modify the instructional program to individual abilities and needs.

Conference panelists spoke of classes given in a hospital, YWCA, or other community center. A pediatrician from the West Coast discussed the value of a hospital or medical center acting as host for the program, with the school system providing teachers and instructional materials. The girls don't fall behind in their school work, she said, and they keep their medical appointments much better and learn to overcome their fear of the hospital environment. They have the same doctors and nurses during prenatal care and delivery. Medical care and follow-through are more consistent, she said.

LAKEWOOD, COLO.

About 60 pregnant girls and new mothers were enrolled last year in the special program conducted by the Jefferson County Public Schools, Lakewood, Colo., in the nurses' residence of St. Anthony's Hospital. Because of its proximity to the hospital, say school officials, the girls receive continuing and expert care from hospital personnel. The classroom at the nurses' residence is staffed by a teacher with 20 years' experience and part-time instructors from the nearby Metropolitan Youth Center. In fact, the Youth Center is used for instruction in arts and crafts and homemaking. Speaking of the educational program provided, school officials said:

"The educational program follows the curriculum guidelines of the Jefferson County Public Schools and provides the academic and personal counseling opportunities found in regular junior or senior high schools. The program is primarily tutorial in nature and is correlated as closely as possible with the program the girls had in the schools they attended."

Educators and other professional persons attending the Invitational Conference in Washington said some communities might find it most desirable to quarter their special program for expectant students in a YWCA or similar institution. Here, they said, there are recreational opportunities and day care provided, as well as educational and health services. "Like the separate schools or classes that are school-based," said the conference report, "these special programs can also attract a variety of professionals to instruct the girls in health and safety, nutrition, child care, money management, etc."

INDIANAPOLIS, IND.

The Indianapolis public school system is one of many that operate a program for pregnant girls and school-age mothers in a YWCA or other community center. The program runs from 9 a.m. to 3 p.m. every school day, and most high school courses that earn credit toward graduation are offered at the YWCA. There is sufficient space at the YWCA so that a special clinic has been established to furnish girls with regular prenatal medical care if they want it. Both a doctor and nurse are available for individual consultation and group discussion.

DUVAL COUNTY, FLA.

In Duval County, Fla., pregnant girls are permitted to attend their regular school during their pregnancy. However, some prefer not to and others are unable to do so for some part of their pregnancy and for a brief period after delivery. Service Project for Young Parents, Inc. is for these girls. It is a nonprofit organization that was first promoted by several Methodist churches in the area. In fact, the program opened in March 1971 in the Snyder Memorial Methodist Church in downtown Jacksonville with an enrollment of 32 girls.

But the churches have a great deal of help in their effort, including assistance from the Duval County Board of Education. Counseling is provided by social service agencies; instruction in hygiene and prenatal care is

provided by the Red Cross, and the Family Consultation Service works with girls on family planning and personal relationships. The girls' development of self-respect and personal worth is aided by the Jacksonville Urban Ministry Program, an ecumenical project involving four Protestant denominations. A full-time resident staff that includes a teacher/coordinator and reading instructor provides academic tutoring. There is also instruction in music appreciation by a county school resource teacher, in business education by a former teacher who is a member of the Snyder Church and volunteers his time, and in sewing by a volunteer from the Junior League.

Several persons attending the conference in Washington advocated autonomous local centers for expectant students and new mothers as opposed to one central location. "Such an arrangement can avoid long frustrating travel on public transportation," said the conference report. "One program found that if girls had to travel very far to reach the program, they dropped out. Small neighborhood centers (whether school-based or not) can also be responsive to the specific population of that district, reflecting ghetto populations or socioeconomic levels, for instance."

Education for the most part has been a negative force in the lives of many pregnant girls, the conference report states. But with autonomous neighborhood centers in which the school system and local residents participate, the report continued, there is a better chance of attracting such girls into an educational and health program.

NORFOLK, VA.

The continuing education program for expectant students in Norfolk, Va., operates out of five centers throughout the city, each capable of enrolling 30 girls at one time. The locations of the centers are the Berkley Community Center, Florence Crittenton Home, Knox Presbyterian Church, Shiloh Baptist Church, and Third Presbyterian Church. Each center includes five classrooms that can accommodate up to 10 girls each. Emphasis is on small-group and individual tutoring and consultation.

Each center also contains a larger area for homemaking instruction and recreational activities. Also, a supervised independent study area is provided girls at each of the neighborhood centers. The activities at each center are under the direction of a center manager. Overall coordination is provided by a part-time supervisor of continuing education out of the Dept. of Adjustive Services in the City school system. Instructional personnel are provided by the school system, and each girl's educational program is coordinated with her home school.

The Social Service Bureau, the Southeastern Tidewater Opportunity Project, and the Dept. of Public Health--all Norfolk agencies--participate by providing part-time personnel. The Tidewater Opportunity Project also provides bus service for girls who require it on a temporary or emergency basis.

Whether the classes are school-based or in separate centers, said one participant in the Invitational Conference, the special program tells the expectant student that someone cares about her. "In a large system," he said, "many children feel that they are just being shuffled through from one

grade to the next only for the purpose of passing them out of the school, to get rid of them."

A group of special programs for expectant students will be discussed in greater detail later in this report.

WHAT ABOUT THE FATHER?

Although some of the special programs described in this report provide counseling and instructional services for student fathers-to-be, there remain very few districts in the United States where the student father-to-be is sought out and helped--or even remembered.

Most professionals in the field of providing educational and health services to expectant students agree that this oversight is an unfortunate and costly one in human terms.

Mrs. Rose Bernstein, former director of the Community Shelter Care Project in Boston, wrote in a paper reprinted in the April 1966 issue of Child Welfare that the need for providing services for the young father--particularly the unmarried one--was recognized by social agencies surveyed in 1939. But she was forced to add that in 25 years there was scant evidence that much had been done to satisfy the need.

Participants at the National Invitational Conference on Parenthood in Adolescence didn't spend a great deal of time on the expectant father, but their comments were revealing about the problems and needs faced by the father--especially of an illegitimate child:

"Even though the issue of serving the young father raised many as yet unanswered questions, participants felt strongly the need to begin talking about him in a more supportive and constructive way. Traditionally, society's attitude toward him has been that he is a shadowy unknown figure who carelessly involves himself in a relationship for which he later feels no responsibility; thus, society must make him face his responsibility to the girl and baby. Participants felt, however, that the father's responsibility really depends upon his relationships with the girl, and some mentioned they have found that generally his commitment is in terms of emotional and financial support. Peer group influence greatly affects his sense of responsibility as well, others noted. One man who shared the information he has gathered in his work with ghetto young fathers, noted the majority of the boys 'want to stand by the girl, but they don't want marriage.'"

What the young father wants and needs most, said conference participants, is help in family management, contraceptive information, vocational guidance, and encouragement to continue his education. Further education, job opportunities, and financial security often are out of the father's reach, said participants, because he is confused and scared and doesn't know where to turn or what to do.

One participant said that programs should make services available to both boys and girls, that there is a need to "help these youngsters take some responsibility for having this baby without saying they must get married." Some participants questioned society's definition of masculinity. They thought boys should be helped to feel like men by getting them decent jobs and by finding ways to show their masculinity other than through sexual prowess.

The conference report stated:

"In fact, most participants agreed that the young father must be served in his own right, not because he has to help the girl and baby; and whether or not he even has a continuing relationship with the girl should not be the deciding factor for giving him services. To compensate for past practices in treating the young fathers punitively we must make an effort to serve them as individuals and make it clear that we are not hauling them in on a legal process to get them into the court. Welfare departments, in fact, were criticized for routinely taking the unpleasant legal route. Even if the boy has a tenuous relationship with the girl, she is often forced into seeking public assistance by taking the father into court, according to standard welfare policies."

The question is how to reach the young father in order to serve him. Punitive policies are apt to prevent the young men from seeking assistance, conference participants said. A social service director suggested that educators and other professionals first have to be committed to helping the school-age father. "If it isn't clear in your mind," he told his colleagues, "then you aren't going to reach him."

If programs for expectant students tackled the problem as a family one, he continued, then there would be no question of the father of the baby being in the picture. "Even if the family unit in its usual sense is not the goal," he said, "simply serving the father in his own right can be made a valid objective."

In some cases, said the conference report, programs for expectant students contact the father through the girl. However, some girls are reluctant to give information about the baby's father, some participants said, thinking that the father might be prosecuted as a lawbreaker.

According to the conference report, boys will respond to offers of help. One state university school of social work in the East asked five pregnant school-age girls and the fathers of the babies to write a proposal that would outline how the school of social work could help with a counseling program. "This turned out to be such a valuable experience," said the conference report, "they wanted the meetings to go on even after the proposal had been completed. The group meets at night and has discussion for discussion's sake."

Some conference participants pointed out that counseling for mothers- and fathers-to-be is sometimes made difficult because the parents of the girl and/or boy do not wish them to see each other. This often means that parental consent will be required. However, the university school of social work had never had a parent refuse consent.

"Another suggested way of reaching young fathers," the report said, "is to assume that by serving any group of teen boys, not necessarily identified fathers of specific infants, you will be reaching sexually active boys, and chances are that they have a child or may have one in the future."

The conference participants were concerned about the kind of person best qualified and most able to deal with the special problems of the father-to-be. Their opinions varied. A black, male social worker said he found it necessary to be an advocate, or ombudsman, for the young fathers. He helps the boys by contacting potential employers, the YWCA, Urban League, government-funded programs, and other agencies to see what might be available in the way of work or assistance. He even accompanies boys on interviews.

In The Unmarried Father (Springer Publishing Co., Inc., New York, 1971), Reuben Pannor, Fred Massarik and Byron Evans report on a research project undertaken jointly by the Vista Del Mar Child Care Service in Los Angeles and the Jewish Federation Council of Greater Los Angeles. The authors point out how difficult it still is to even convince professional educators and social workers that the student father-to-be can be approached and is worth being approached. They report these initial comments from the professionals:

"They'll run when you try to catch them."

"They don't care about the mother. They won't bother talking to a social worker."

"She (the mother-to-be) isn't going to tell you anything about him."

"She won't give his name."

Referring to these warnings, the authors wrote: "These are but a few of the remarks made to Vista Del Mar staff when the suggestion was made that we try to reach unmarried fathers and to learn more about them. Incredulity that an unmarried mother would consent to name the father of her child, or that he would admit to being the father, was expressed by lay and professional persons alike. They found it hard to believe that unmarried fathers would seek help from a social agency, or could even be induced to do so. Many were frankly skeptical that unmarried fathers had problems anyway; a typical observation was, 'It's the mother who's left holding the bag--she's the one who is having the baby.'

"The staff at Vista Del Mar, however, has ascertained that, in most cases, unmarried mothers will name the father, and that, if he lives in the area, the father will respond to a social agency's invitation to discuss the situation facing him and the others involved."

Marion Howard cites some special programs for reaching young fathers such as the Bedford-Stuyvesant program in New York City which tutors boys for high school equivalency diplomas and helps them to find job training and placement and the Detroit program where a male counselor helps boys with personal problems, tries to get dropouts back in school and to find training and job opportunities.

She says that many program administrators feel that not enough is being done about the boys, but exactly what should be done and how are questions that still arouse some disagreement. One method worked for Bernard Braen, director of psychological services in the Syracuse, N.Y., program, who was puzzled when young men didn't come to group discussions specifically set up to help them. He found out that the boys, like the girls, felt that they were couples and should come as couples. Separation didn't make sense to them. Now, as couples, many attend an evening hour session where they air problems of concern to both. The boys ask questions about paternity rights, responsibility for the baby, care of the child, and such things as dating practices.

Dorothy Lyons, medical director of the Los Angeles School Health Services and head of its special program, is among the many who support involving the putative father. She has said that very few pregnant school-age girls are promiscuous; on the contrary, the putative father had been an important figure in the girl's life for some time and continues to be so after the baby is born. Dr. Lyons believes that if a major goal for both young people is supposed to be stable family life, more thought must be given to helping both young people achieve it.

AN OUNCE OF PREVENTION

What can be done by schools and other agencies to help young people avoid marriage and/or pregnancy at an age when most of the cards are stacked against them?

Professional educators, social workers, and health officials have all noticed that many youngsters lack information. They are often amazingly innocent and ignorant. Said one social worker: "You just cannot assume that kids know anything about birth control, conception, or delivery."

Dr. Joseph D. Beasley, director of the Center for Population and Family Studies at Tulane University, told the Washington conference that the major problem is to stop the primary pregnancy.

"Preventing both the initial pregnancy out of wedlock and the second pregnancy out of wedlock," he said, "is the great challenge that this nation has to take on in the promotion of mental and physical health. It can best be accomplished by providing a comprehensive supportive system for teenagers, a system which is aimed not only at supporting them if they become pregnant, but a system which is aimed at helping them not to become pregnant."

At the same conference, Elizabeth Koontz, former NEA president and now director of the Women's Bureau in the U.S. Dept. of Labor, talked of some of the deep-seated reasons that lead students into getting married or having a baby when it might not be in their best interest.

Some girls may become pregnant, she said, because they are looking for "that feeling of belonging, that feeling of being cared for. Perhaps what we might best do to help this is to recognize that getting pregnant does stem at times from the despair and the hopelessness and the misery of poverty--a seizing of whatever gratification that these castoffs of society can hold, can see, can hope--because otherwise they see an endless cycle of defeat."

To help prevent that, Mrs. Koontz suggested bringing the poor and minority group members into the mainstream of American life. These people need a stake in society and an opportunity to develop the talents they have, she said. "We must give the generation now entering school the kind of education and the kinds of job opportunities that will enable them to break the vicious cycle," she said, "whatever that cycle is--rejection, dejection, alienation."

Naturally, Mrs. Koontz continued, rejection, dejection and alienation

are also felt by children of the affluent. So, in all cases there must be more instruction on values in families and more discussion of the real sexual and emotional situations that children get into, she said. In many instances, Mrs. Koontz said, mothers will have to provide their daughters with information on birth control.

Gail Cottman, writing for West, the Sunday magazine of The Los Angeles Times, said: "Sociologists, counselors, educators, and others in direct communication with teen-agers are trying to comprehend exactly why so many kids want kids." Some of the reasons given Miss Cottman by educators and social workers during her extensive interviewing are as follows:

"So many of these kids tell me, 'I didn't know what it meant to be a woman, and I thought maybe if I got pregnant I'd find out.' They can't even conceptualize that their baby is a person, not just a brown, white or black cuddly doll."

"Many of these girls have gotten pregnant purposely just to get even with their parents or to see if their parents really love them."

"Many social workers feel that adolescent loneliness is the villain which compels some teen-agers to want something all their own. 'I was so lonely that sometimes I felt like a wallflower in the desert,' relates a 16-year-old mother. 'Only now that my baby is here, it's worse. We're like two wallflowers in the desert.'"

"The young girl felt lost and desperately alone. When she met a boy with similar problems who also sought love and affection, it was very easy for them to get involved. To the boy the baby was a sign of his masculinity. To the girl it was a darling little toy to end her loneliness--only it didn't."

PROGRAM PROFILES

In response to the Education U.S.A. survey, a number of school districts submitted descriptions of their special programs or classes for expectant students. A group of these program descriptions has been selected to indicate what is being done to provide expectant students with improved educational, health, and social services, and how it is being done.

WATERLOO COMMUNITY SCHOOLS, WATERLOO, IOWA

Waterloo is a medium-sized city of approximately 76,000 persons. School-age girls who become pregnant are required to leave the schools at least by the fifth month of pregnancy. In 1967, there was a meeting of a group of persons who were concerned that there should be some special help offered pregnant school-age girls who were out of school. Attending the meeting were representatives of the school system, the YWCA, Lutheran Social Services, and the Black Hawk County Dept. of Social Services. Those assembled felt that their institutions or agencies, plus other groups in the community, should be able to create a special program which would provide complete services to expectant students.

It was some time--August 1969--before a formal, detailed proposal was submitted to the Waterloo Community Schools administration and Board of Education. The board named a citizens advisory committee to study the proposal and make recommendations. The advisory committee returned with a recommendation that the plan be implemented in 1970-71. It was.

The program was begun in the Black Hawk County Health Center. The center is located in a building that was formerly a hospital. The school system was able to rent two classrooms for the program at $1 a year. Mrs. Natha Smith, a certified vocational homemaking teacher, is the director and principal teacher. Her salary of $8,500 (in 1970-71) and other general operating expenses totaling just over $2,300 are paid by the Waterloo Community Schools. Costs are expected to rise as the program grows.

A guidance counselor in each secondary school was selected to be a liaison between the pregnant girls' home school and the center. However, recommendations for enrollment in the center come directly from the principals of secondary schools.

During the first year of operation (1970-71) Mrs. Smith was the only full-time staff member of the center. Almost all aspects of the program were conducted during the morning hours, Monday through Friday. On Monday,

Tuesday, Thursday and Friday mornings, Mrs. Smith taught vocational homemaking to half of the girls. The other half were enrolled either in social studies or in communications. A certified teacher supervised social studies instruction on Monday and Thursday mornings and a certified teacher came in on Tuesday and Friday mornings to provide instruction in communications. Mrs. Smith supervised girls taking instruction in mathematics and science through programmed materials. More teaching assistance in these subjects is anticipated.

The social studies instruction complies with state requirements for history courses, but there is also much focus on contemporary issues and problems. The communications curriculum begins with a reading unit and is followed by instruction in writing, grammar, and word usage. The work is intended to improve basic communication skills that are vital to successful employment. Mathematics instruction emphasizes skills that will be useful in homemaking and in employment. The homemaking course teaches budgeting, insurance planning, clothing, and career planning.

The emphasis on vocational and homemaking skills stems from the original planning committee's observation that in the past most teen-age mothers wound up applying for welfare assistance. "Hopefully," says Mrs. Smith, "our educational approach during this time will help the girls to stay in school and get the education to help them make a living so that when they graduate they will have the tools necessary for them to secure future employment." Mrs. Smith is trying to gear the vocational aspects of the program to actual employment possibilities in Waterloo. "In the business field alone there are many slots where girls with typing and other kinds of office practice skills have the key to getting a job," she said. "These girls also are being shown many of the aspects of the health services, which is an excellent field for young women."

Wednesday at the Black Hawk County Health Center is devoted to health. Many of the girls spend the day at Allen Memorial Hospital in the city, attending special classes there and becoming familiar with the routine and environment. The classes stress prenatal care, personal hygiene, and nutrition. One of the avowed aims of the program is to "assure the girls of early and continuous prenatal care, thus improving the chances of a healthy outcome of childbirth for both mother and infant." Community health agencies, other than the hospital, are used for special instruction and counseling.

Some girls last year took art instruction at the Waterloo Recreation Center one afternoon a week. Others worked in crafts through a program sponsored by the Farm Bureau.

CITRUS LABORATORY AND CONTINUATION HIGH SCHOOL, AZUSA, CALIF.

Citrus High School is one of the high schools in the Azusa Unified School District of greater Los Angeles. The program for expectant students is headquartered in the high school, with pregnant students accounting for about a tenth of the 200-plus enrollment.

The program at Citrus High began in September 1967 after Principal

Georgeou finally convinced the board of education that "we should treat the problem not as a social disease but as a fact of life. You can't condemn a pregnant girl for life, particularly when you don't know why it happened."

The program at Citrus High is described in a booklet appropriately titled "Tender Loving Care." The child care classes were begun, says the booklet, "in order to provide a program of continuing education for the young woman who is pregnant (married or unmarried), and the girl who already has children." The booklet continues with the program description:

"These classes are designed to meet each girl's particular and unique needs. Each girl is able to keep up with her academic studies, learn what to expect when the baby comes, how to care for her baby, and pre- and post-natal exercises and care. She also receives instruction in health, hygiene, nutrition, sewing, cooking, budgeting, and numerous other topics relevant to her needs and interest. The girls have an opportunity to discuss openly their problems and questions. Rather than fear of what is coming, and the shame of having committed a 'no-no,' the girls gain a feeling of self-respect and learn to hold their heads up high."

The classroom for instruction is designed more like a home. There are living areas and facilities normally found in a home. For example, a nursery area is provided that includes bassinets, playpens, and toys.

The girls remain in the program until two weeks before delivery is due. Then she goes on maternity leave. She is able to return to the program when her physician determines that she is able, usually a month to six weeks after the baby's birth. The girls don't forget their academic program while out of the school. While on maternity leave they are responsible for keeping track of the time spent on academic subjects, sewing, cooking, and baby care.

Mothers returning to the program are able to bring their babies with them. "This type of program provides a healthy and happy atmosphere for both baby and mother," says the booklet, "because they are together, and the mother is achieving a goal she might never have achieved if she couldn't bring her baby to school."

Citrus High School's program also includes many fathers-to-be and fathers-in-fact. Generally, they are included in many of the same courses as the girls, regardless of whether partners are married. But for those boys and girls who are married, the school setting tries to give an honest picture of young marriage and parenthood to other students. Dispelled is the notion that marriage is all bliss. Instead, the program demonstrates to other students that marriage partners must work very hard to make their relationship successful.

The school-age couple expecting a baby is entitled to individual counseling from professional counselors. Also, the expectant students (boys and girls) frequently take on special instructional packages which are designed to help them gain insight into a particular problem. The packages may be based on academic subjects, or they may deal with such topics as psychology, social problems, child growth and development, or the economics and emotional needs and adjustment required by marriage and parenthood. The learning packages

are individually tailored to meet the needs of each person and are completed at home or otherwise on the individual's own time.

When expectant students in the Citrus High School program have completed all work in the program, they receive credit toward graduation for the number of productive hours spent in the program. One unit of credit is assigned for each 15 hours of productive work. A student needs to complete 75 productive hours for one full semester's credit.

"At Citrus High School it is felt that the program for teen-age parents has achieved above and beyond our fondest hopes," says Georgeou. "Not only do the parents profit, but the entire school, both staff and students."

CRITTENTON SCHOOL, TOLEDO, OHIO

In September 1967, the Child and Family Service Board of Trustees in Toledo outlined to the Community Planning Council the need for special services for pregnant students. An investigation ordered by the council demonstrated that there were inadequate educational, health, and social services for girls who were expelled from school or who dropped out due to pregnancy. The result of the investigation was the creation of a two-year demonstration program in the fall of 1968. It was called the Day School for Girls. Cosponsors of the project included the Toledo Board of Education, Family Services, Visting Nurses Assn., Maumee Valley Hospital, YWCA, and Planned Parenthood. During its two years of operation, the Day School served 107 girls.

Early in 1970 the cosponsors proposed a new facility that would combine the Day School with the Florence Crittenton Home in Toledo. The intention was to expand the services and provide more pre-vocational and vocational training. The community agencies involved in the Day School felt that it was demonstrated during the two-year trial period that mothers-to-be require a great deal of vocational preparation, as well as other education and health programs.

The Crittenton School opened for business in the fall of 1970 in facilities leased from the YWCA in downtown Toledo. The program is generally administered by the Florence Crittenton Services (an umbrella for other health and social agencies too) and the Toledo school system. The school has a principal and 13 teachers (seven of whom work on a part-time basis). There also are two secretaries. Contributing agencies provide the services of two nurses and personnel to staff the health, physical education, group session, and group activities classes.

The staff offers instruction in standard academic subjects that offer credit for graduation; pre-vocational training and counseling; and vocational training in such fields as business education, food services and management, clothing construction and maintenance, consumer and homemaking education, and child care and development. There is also remedial reading and basic mathematics instruction. Psychological help and counseling are available to all girls.

Many of the girls who are enrolled in the program come from the core area of the inner city. Most of these girls are below average in their performance in school. "Studies conducted among Toledo High School students residing in this area," said a school report, "indicate an average reading level of grade 5.6, mathematical achievement at grade 5.3, and a percentage of 60 scoring below 90 on standardized IQ tests."

WEBSTER GIRLS' SCHOOL, WASHINGTON, D.C.

The Webster Girls' School in the downtown shopping and commercial zone of the nation's capital began operations nearly 10 years ago, making it one of the oldest of the country's special programs for expectant students operated by a school system.

The early 1960's showed a noticeable increase in the number of girls requesting homebound instruction because they were pregnant. In fact, in 1965 there were approximately 4,000 births to teen-age girls in Washington. According to the Children's Bureau Research Report written by Marion Howard, "88% of these young mothers were Negroes. Almost two-thirds of these Negro girls were not married at the time their babies were born. For a third of them, this was not the first child born out of wedlock. In contrast, a fourth of the 457 live births occurring to white teen-age girls were illegitimate, and only a tenth of these illegitimate births represented repetitions of out-of-wedlock pregnancies." (The enrollment of the Washington schools is more than 90% black.)

Because of the large numbers of requests for homebound instruction from pregnant girls, school officials directed the principal of the Sharpe Health School to form a committee representing the school system and community organizations and agencies and consider ways in which the schools could improve their services to pregnant girls. Two years later the committee recommended establishment of a specialized program for expectant students that would be operated every school day, all day. The committee recognized the need for health, social and psychological services as well as an educational program at the new center. Cooperation was urged, and later implemented, between the Dept. of Public Health and the Dept. of Public Welfare of the city.

The committee and school officials didn't know what reaction there would be from the community, but opposition turned out to be less than many persons had expected. Some of the activities that helped win public support, or at least acceptance, of the program were a letter from the city's Council for Exceptional Children published in the evening newspaper describing and recommending the project, and resolutions of endorsement from various community organizations. After approval of the idea by the Board of Education, the Children's Bureau of the U.S. Dept. of Health, Education and Welfare made a grant to the city schools for a three-year trial period, 1963-1966.

To help evaluate the program during those three years, it was decided that staff personnel would prepare a yearly narrative report on the work of the school, including statistical data. Two outside studies also were arranged, one in 1965 by the Bureau of Social Science Research, and one in

1967 by Marion Howard for the Children's Bureau. Staff members still prepare an annual descriptive report.

During the trial period, the full-time staff of the Webster School consisted of a supervisor, three classroom teachers, a visiting instruction teacher, three social workers, a psychologist and a clerical worker. The Dept. of Public Welfare made available one of its staff persons for 10% of his work week to supervise the efforts of the school's social workers. The Dept. of Health originally provided the part-time services of a supervisor for the medical social worker on the school staff. Later the department also donated the part-time services of an obstetrician, nurse and nutritionist.

Teachers were selected on the basis of their competence in one or more of the following academic subjects offered at the school: English, social studies, mathematics, business education, home economics, science, foreign languages and family living. But just as important as their ability to teach in these fields was their capacity to work with individuals on a personal and relaxed basis.

"Most teachers felt that listening to the girls was important," said Miss Howard in her report, "that they were, in a sense, sounding boards and second mothers. Many girls told interviewers in the Bureau of Social Sciences study that they remembered their teachers as being unusually warm and understanding."

When the Webster School began operations, it was decided that only 60 girls could be accommodated at one time. A priority list was drawn, therefore, which gave first preference to girls who were under 16 and in the earliest stages of their pregnancy. These criteria have since been modified somewhat as the program has grown. According to Miss Howard's report, "A desire to enroll girls who would be most likely to benefit and a natural desire to secure favorable results from the demonstration caused school personnel to seek girls who were strongly motivated to continue in school. Parents' motivation was also made a selection criterion. Motivation was judged on the basis of admission interviews conducted by the project supervisor and a social worker, it being required that parents or parent substitutes be present when girls applied to be admitted. In addition, the parents of the girls who were selected for admission had to sign a statement saying that they would cooperate with the school and permit their daughters to participate fully in its activities."

Pregnant girls are referred to Webster School mainly by officials of other public schools in the district and by the Gales Maternity Clinic. Most pregnant girls of school age who seek prenatal care are sent to Gales Clinic. At the time of referral, the girl's age, expected date of confinement, name of school last attended, and grade attended are placed on file. Girls are selected for admissions interviews as vacancies turn up. It is estimated that 57% of school-age girls who became pregnant out of wedlock during the trial period of Webster School were referred to the project. During the three years, 487 girls were admitted to Webster School, about a fifth of the total number of girls referred. During 1970-71, there were 769 referrals and 394 girls enrolled in Webster School and two satellite centers. The highest number of referrals was in 1969-70: 958 girls; 506 enrolled.

Webster School started with subject classes that contained girls of all grade levels, 7 to 12, and all ranges of ability. Teachers were required to do a lot of individualized instruction. Since the beginning years, and as the program has enlarged, students have been grouped more according to grade level and ability level. "In both major and minor subjects," wrote Miss Howard in 1967, "learning was made more meaningful and lasting by the inclusion of special activities--reports, original poems and skits, displays, exhibits, fashion shows and charts. Teaching was geared into the coordinated, rehabilitative efforts of the project. Based on staff recommendations, some girls were given special assignments which were to be carried out in a group; other girls were asked to recite only when the teachers were sure they could answer correctly."

The curriculum follows the D.C. course of studies. However, instruction in home economics and sewing varies in many instances from the traditional program given to girls in the school system. The home economics teacher, for example, puts a lot of stress on buying food and preparing meals that will be of nutritional value to the pregnant mother. Girls are taken on shopping tours of grocery stores and furniture stores, where they are given lessons on shopping for value and quality. The sewing instructor emphasizes the making of maternity clothes and baby clothing. The district's family living course has been expanded to place more emphasis on the conditions of pregnancy, preparation for motherhood, and continuing relationships with putative fathers.

The psychologist, physician, public health nurse and nutritionist also conduct instructional sessions with the girls.

An obstetrician (the physician just mentioned) spends about a day at the school, providing instruction and consultation. The full-time nurse provides general supervision of the girls' health. At the time a girl is admitted, the nurse gives a health screening test that is quite thorough. A health record is kept on each girl for as long as she is connected with the school. To keep tabs on the girls' visits to their own physician (private or public clinic), a medical appointment form was devised. It is signed by her physician after an examination. The form indicates the date of the visit, health recommendations, and the time of the next appointment. After a baby is born, the school nurse contacts the Dept. of Public Health and requests that a member of the department's Field Nursing Division visit the new mother at home.

The part-time nutritionist, in addition to providing instruction, tries to keep tabs on what girls are eating during pregnancy and after delivery. Early in the history of Webster School the nutritionist conducted a survey of the girls to see what they were eating at lunch and later in the day. Ninety-three percent of the girls reported eating a lunch that was nutritionally inadequate. Three-fourths said they drank no milk at any time. A form of powdered milk was made available to all girls.

Many girls go to the Gales Clinic (within walking distance of Webster School) for physical examinations and delivery. However, since the early days when there were no clinic facilities at the school itself, some clinical services are now provided in the school. In its 1970-71 annual report, the

school reported that the school's clinic "was a real challenge this year and was very successful. As our functions became better known, communications and collaboration with the other clinics were established. Although our census increased over the past year, we had less premature births, less stillborns, and fewer infant deaths than in previous years."

The full staff of the Webster School and two satellite centers in 1970-71 totaled 30. The breakdown is as follows: principal, 14 teachers, two aides, two psychiatric social workers, one speech therapist, one reading specialist, one counselor, one nurse, one administrative aide to the principal, one clerk typist, one secretary and four custodians.

In the 1970-71 report, staff members recommended the addition of an infant day care center in the Webster School. Said the report:

"A further attempt by the Webster program to prevent dropouts of adolescent mothers is the proposed opening of an infant day care center. It is anticipated that this pilot project will be a prototype for services to adolescent mothers in our local senior high schools and their feeder schools. If successful, this new project would provide quality care and stimulation for infants; training for mothers, mothers-to-be, and infant care-givers; and relief from the anxiety that many young mothers experience as they shift their babies from person to person in search of adequate day care while they attempt to finish school."

Some indication of the success of the Webster School program is evident in the evaluation report completed by Miss Howard in 1967.

She noted that almost all of the Webster girls kept their babies, and over four-fifths of the girls who attended Webster reentered regular school, a rate of return "definitely superior" to that of girls who did not attend the program.

CONTINUING EDUCATION FOR GIRLS PROJECT (CEG), DETROIT

The assistant superintendent of schools in Detroit called a meeting in the fall of 1965 to which he invited representatives of the public schools, Wayne State U.'s School of Social Work (in Detroit), churches, public and voluntary agencies and civic organizations. The subject was pregnant girls of school age. At the time, the policy in Detroit schools was that a girl under 16 found to be pregnant was dismissed from school until after the baby had been delivered. Said Nancy M. Boykin, CEG director, in an article in Child Welfare of October 1968:

"Because of the stigma attached to out-of-wedlock pregnancy, and because of the girl's knowledge that reporting her pregnancy means exclusion from school, she tends to conceal her condition as long as possible. Thus the school, the very institution that is the focus of the teen-ager's life, inadvertently becomes a deterrent in her getting early prenatal care and needed social services."

It was such a situation that prompted the 1965 meeting. As a result

of that initial meeting, and subsequent efforts on the part of those who attended, the Detroit Public Schools applied for funds under Title I of the Elementary and Secondary Education Act (ESEA) to fund an inclusive program for pregnant students and for as many teen-age girls over 16 as could be accommodated. The program is still funded under Title I; a researcher is assigned to make annual evaluations.

When CEG opened in March of 1966, it was located in three places in different sections of the city; two were the educational buildings of churches and one was a settlement house. Since then, CEG has moved into the Adlai Stevenson Bldg. on Grand River Ave. Sixty girls were served in the spring of 1966, but the number increased to 150 the following fall. During the 1970-71 school year, 233 expectant students were enrolled in CEG.

When CEG began selecting staff, a screening committee was used. On the committee were a psychiatrist, the director of the Wayne State School of Social Work, a representative of the school system's personnel office and the CEG director. Mrs. Boykin explained the reason for the careful screening and the use of a psychiatrist in her article for Child Welfare:

"The use of a psychiatrist to assist in the screening of staff for this project resulted from a recognition that working with pregnant teen-agers (especially those who are unmarried) may well stir up deep-seated, moralistic and emotional reactions in persons unused to such situations. As it is, the anxieties and frustrations produced by the less-structured setting of our school, the insatiable demands of the pregnant girls, and the newness of this type of program have created adverse reactions even in some of the staff members who passed the screening. We have also found a few staff members who have revealed in this difficult job deep-seated problems in relationship and authority that had not previously been detectable." Mrs. Boykin reported that finding qualified staff was difficult. "Staff orientation, training workshops, and constant staff development sessions have been of the greatest importance in helping staff learn to understand and to function as a team in a setting that has all of the characteristics of a therapeutic milieu."

For the 1970-71 school year, the staff included the following personnel: the director, six full-time classroom teachers, one half-time classroom teacher, two homebound teachers, two social workers, three teacher aides, one part-time psychologist, one stenographer and two clerk-typists.

Girls can be referred to CEG by any individual, school or agency. The girls must be under age 18 and must be considered disadvantaged under the conditions of Title I of ESEA. Girls may come from both public and private schools. Priorities are given to girls needing course credit for graduation from junior or senior high school, young girls (13 years old and younger) and girls in their first four months of pregnancy. Girls are expected to bring their parents or guardians for the initial interview. The parent or guardian signs a form which includes the following: consent for release of medical, psychiatric, social and educational information about the child; a willingness to attend any individual or group sessions requested by the school staff; cooperation when home visits are advisable; and full responsibility for their daughter's attendance at the school. Also required at admission is a medical statement from a physician or clinic.

The students are grouped and scheduled for courses according to their individual curriculum needs. The courses of study tend to follow as closely as possible the curriculum as prescribed by the Detroit Public Schools system. However, science and advanced math are not offered at this time. The classes are multigrade and flexible, with individualized teaching, group teaching, team teaching and use of appropriate programmed materials. The classes range from nine to 25 students and include students of varying interests and levels of ability. Students who must be confined to their home are taught by a homebound teacher, but their homework is checked and evaluated by their regular teachers in school.

The course offerings include: American history I and II, world history I and II, black history, civics, economics, geography, social studies (junior high), general math, an intensified senior commercial course, typing and clerical skills, composition and literature, family living, clothing, house selection and furnishings, and child care and development. The senior commercial course was designed by Wayne State U. and the Business Education Dept. of the school system. It is intended to match training to job skills that have been identified by potential employers in greater Detroit.

Graduate students and some undergraduate students from Wayne State U. and other colleges do practice teaching and observing at CEG. They assist in the family life course and engage in tutoring, social work and health education.

The report for 1970-71 described the health, psychological and social services of CEG as follows:

"Enrollees are provided with educational and medical referral services, but not treatment. All students are required to attend health clinics regularly as part of the prenatal care program. The project makes preparations for delivery and post-partum care, and it arranges for treatment of other identified health problems. It encourages early registrations at neighborhood infant health clinics for health supervision and protective immunization.

"Psychological tests are one of the tools utilized by the psychologist in her effort to identify strengths and weaknesses in the emotional, educational, and vocational spheres. On the basis of the evidence obtained, the counseling process may be more successful in enabling the girls to effect a positive emotional adjustment.

"The CEG program has two social workers. Being based at the center, the social worker is always available to the girl, and many times problems that are upsetting to the girl may be resolved or alleviated right on the spot. The social worker also uses group discussion to enable an exchange of ideas, feelings and attitudes. The social worker also visits the home to help the parent gain insight and awareness of the factors which may have precipitated the girl's difficulties and pregnancy."

In the course of evaluating the CEG program in 1970-71, a battery of tests was administered to students, and questionnaires were sent to students and staff members. Because of what they reveal about expectant students,

some of the results of these tests and surveys are summarized in the following paragraphs:

The results of the Henmon-Nelson Test of Mental Ability given to 17 junior high students and 54 senior high students (grades 10-12) are as follows: for the junior high students the IQ range was from 67 to 118, with a median of 90, and the grade equivalent range was from 4.5 to 15.4, with a median of 8.3; for the senior high students the IQ range was from 76 to 128, with a median of 91, and the grade equivalent range was from 6.1 to 16.3, with a median of 9.4.

When completing the Mooney Problem Check List (which contains 330 items) junior high students most often listed as chief problems (1) courtship, sex and marriage, (2) their future education and job potential, and (3) personal-psychological relations. The senior high students most often listed these three problems: (1) finances, living conditions and employment, (2) courtship, sex and marriage, and (3) health and physical development.

Other findings of the tests showed that few students had happy and healthy family relationships, most longed for emotional "warmth," most had an immature personality, and few had much continuing relationship with the putative father.

MARGARET HAUGHERY SCHOOL, NEW ORLEANS

The Margaret Haughery School for school-age expectant students is operated by the New Orleans public school system under a Title I, ESEA, grant. The school has six classrooms and office space and can properly serve 200 girls at any one time. Because girls are coming in and out of the program, approximately 500 girls are normally served during the course of a year.

The Margaret Haughery School operates 12 months a year. Classes are conducted for half the day, with students enrolled in classes according to individual curriculum needs. Classes are multigraded and flexible. The curriculum includes courses in English, social studies, mathematics and business education. There are seminars on hygiene in pregnancy and family living. Credit may be earned in other subjects through approved high school correspondence study. Part-time employment opportunities are available to the students.

Student recreational activities are planned in cooperation with the YWCA, and there is a parent-teacher organization to stimulate community awareness and involvement. The school employs a full-time guidance counselor and full-time social worker, and they may work with the fathers-to-be and with the parents of the expectant students. Psychological testing and psychiatric consultation are available to students.

"All students who have not made arrangements for medical supervision are referred to their private physicians or to the Adolescent Prenatal Clinic of the Louisiana Family Planning Program. Arrangements for delivery are made at Charity Hospital of New Orleans. Following delivery, all students desiring the service are eligible to receive post-partum care and birth

control information from Louisiana Family Planning Program. Those students who deliver at the U.S. Public Health Hospital or Charity Hospital of New Orleans are referred to the city health department for public health nursing home visits and well baby care."

Approximately 15 institutions and agencies in New Orleans are affiliated with the public schools in conducting the program at Margaret Haughery School.

CONTINUATION SCHOOL FOR PREGNANT GIRLS, SAGINAW, MICH.

Saginaw school officials got together with representatives of municipal agencies and community organizations early in 1966 to plan a special program that would provide educational, health and social services for pregnant teen-agers. An interagency committee was formed to include representatives of Child and Family Service, City Health Dept., School of School Work, Bureau of Social Aid, Saginaw Community Clinic and Saginaw Housing Commission. This committee continues to help plan operations of the program, meeting with school officials monthly.

The Continuation School is housed in the First Baptist Church educational building. It is funded under Title I of ESEA and Section IV of the 1966 Michigan State School Aid Act (programs for underprivileged children). School personnel are now helping to draft a bill that would require the state to reimburse up to 75% of the costs of special programs for pregnant students.

Students are accepted from any public or parochial school in the city and also on a tuition basis from some school systems outside Saginaw. The program is intended to serve expectant students in grades 7 through 12, but a few sixth-graders have been enrolled. The total enrollment in 1970-71 was 165.

Certified teachers from the public school system teach students in English, history, mathematics, homemaking, typing, bookkeeping, retailing, reading, government, economics, prenatal and post-partum instruction, and individual and group counseling. A counselor and registered nurse are part of the staff.

The registered nurse has prime responsibility for prenatal and post-partum instruction and tests relating to this aspect of the program. The prenatal class deals with the preparation of girls both mentally and physically to cope with pregnancy. Exercises are demonstrated that will help girls in the delivery of their baby and in recovery of body muscle tone after delivery. The nurse also tries to dispel rumors and superstitions about pregnancy and childbirth. Safe practices for baby care are taught, and good health and nutrition practices are stressed. After delivery, girls return to the program and enter the post-partum class. Here the emphasis is on caring for self and baby, maintaining proper exercises, and maintaining good health and nutrition practices.

The Continuation School staff believes there is a definite correlation between the age of the mothers and the problems of childbirth, and between the time spent at the school and problems at childbirth. Said the 1970-71

evaluation report: "The average age of the 12 girls who delivered babies under five pounds was 17 years. Many of these girls had a limited weight gain (average 17 pounds) and were not in the school long enough to benefit from nutrition and prenatal classes (average time one and three-quarters months). This group also evidenced a high incidence of obstetrical complications and bladder infections. It would seem that nutrition was a contributing factor also. The 47 girls who delivered babies of seven pounds and over were each enrolled in the school for at least an average of four months' time and were able to obtain milk regularly."

The Saginaw Medical Society recommends the school for pregnant girls and many doctors have reported that they find girls coming from the program are better prepared for childbirth than girls who have not been enrolled.

In a follow-up study of 234 students who had gone through the Continuation School, it was learned that 71 already had graduated from high school and 150 planned to continue their education and graduate. Only 13 said they did not plan to finish school or did not know. Most girls kept their babies; only 11 babies were put up for adoption and one was given over to a foster home. There was a report of the death of 16 children out of 245 born (some girls had more than one baby). No explanation was given for the baby deaths, but the program staff said these statistics are evidence that "we need added nursing or medical staff." (A copy of the form used in the follow-up study is included in the Appendix.)

SCHOOL FOR CONTINUED EDUCATION OF PREGNANT SCHOOL-AGE GIRLS, NEW YORK CITY

New York City's Board of Education operates seven special centers for expectant students--two in Manhattan, two in Brooklyn, two in the Bronx, and one in Queens (all boroughs of the city). The program started in 1967 with one center. As in many other cities, the program for continued education for expectant students is funded largely under Title I of ESEA.

Pregnant girls are not required to attend one of the centers. They may opt to remain in their regular school during pregnancy, or they may request and receive instruction at home or in a shelter for pregnant girls.

During 1969, the New York City Dept. of Health's Bureau of Statistics recorded 20,138 births to girls aged 13 to 19. Of this number, 9,157 were born out of wedlock. "The number of school-age pregnant girls has been increasing steadily during the last few years," reports the board of education, "although because of the rise in total population the percentage of cases has remained fairly constant."

Each of the centers employs a supervisor, or teacher-in-charge. It is this person's responsibility to provide on-the-job training for faculty and paraprofessionals, involve community groups in the program, and coordinate the various services provided by cooperating health agencies. Six teachers licensed by the board of education in secondary school subjects are employed by each school. The subject licenses are determined according to the needs of the centers. However, certification generally is in English, mathematics, social studies, home economics and business education.

A guidance counselor is assigned to each center, and it is the counselor's job to enroll each student. It is also the counselor's responsibility to plan with the student, parent or guardian, and home school an appropriate academic and vocational program. According to the counselor's job description, she also "provides educational and vocational counseling, makes needed referrals to other agencies, contacts homes of students, and plans individual and group counseling sessions." After the girls have given birth, the counselor is expected to maintain contact with the new mothers and assist them in making a successful return to their regular school program.

Each center employs a full-time social worker out of the Bureau of Child Guidance. The social worker provides both casework and group work services to students and their families. Also, the social worker serves as a liaison between the center and outside health and social service agencies. After delivery of the child, the social worker is expected to follow up with the new mother to insure that the girl is able to adequately provide infant care and self-care.

Five paraprofessionals from the community served by the center are employed in each school. They serve as teacher aides, but they also are valuable links to the parents of expectant students, community agencies and organizations, home school, and other students.

The centers operate almost year-round, except that they observe regular school holidays. They are open throughout the summer session of the school system.

School officials believe that the key to the educational program at the centers is flexibility in instruction. Individualized instruction is mandatory because of the wide range of intelligence, abilities, and grade levels of the expectant students. Also, individual attention is necessary because girls are coming in and going out at irregular intervals. The centers do not maintain a definite class size; it varies according to the students' needs and the subject matter. Programmed instruction in mathematics, English, and social studies supplements classroom instruction and allows students to proceed at their own pace in these subjects.

Although school policy and the centers' program do not make special provision for putative fathers, school officials report that "in many instances the fathers may receive counseling from the guidance counselor or social worker at the schools, especially when they accompany the girls for registration and at other times."

GATEWAY SCHOOL PROGRAM, STOCKTON, CALIF.

The Gateway School is located on the grounds of the Stockton State Hospital and operates classes from 9:45 a.m. until 3:30 p.m. every school day. However, expectant students might be on staggered schedules according to their course of study and health needs.

Any girl in grades 9 through 12 who is pregnant, regardless of whether she is married, is eligible to enroll in Gateway School. Pregnant girls in

lower grades must take homebound instruction, although school officials recognize that home instruction is generally not satisfactory because students have only one hour of instruction in each subject each week, because the number of classes is limited to five, and because there is no counseling with a nurse or social worker.

Girls remain at Gateway until the end of the semester in which they deliver their baby. The procedure for being admitted to the school is as follows: The girl may be referred by a nurse, counselor, or vice-principal at her home school to the principal or secretary of Gateway. At the time of referral, the student's name, grade, birth date, parents' or husband's name, address, telephone number and present course of study are submitted. Regardless of who refers the pregnant girl, the principal of Gateway contacts the counselor at the girl's home school for any additional information desired. In some cases, the principal of Gateway may suggest that the pregnant girl complete the quarter or semester at her home school before transferring to Gateway. The girl's parents, physician, counselor, and vice-principal at the home school must concur in this recommendation.

At Gateway, expectant students are on a five- or six-period day, earning 25 to 30 credits each semester. Students' programs are developed after consultation with the home school counselor. Students who transfer to Gateway without completing a course may receive two and one-half credits for the work completed. All girls are expected to attend school for at least 36 days each quarter, or 72 hours per semester in order to earn credits in a course.

The course offerings at Gateway include the following: English, U.S. history, world history, American government, basic and fundamental math, general science, psychology, driver education, health, homemaking, typing, clerical office training, machine calculation and filing, shorthand, bookkeeping, business English, business math and office practice.

A nurse is on duty at the school every Tuesday and Thursday afternoon for group and individual counseling. The Dept. of Public Assistance provides the services of a social worker each Thursday morning for group and individual conferences. There is no charge for the service to the school system.

APPENDIX

Many special programs for expectant students start out by school officials and other interested parties getting together to establish objectives, purposes, or goals to be satisfied by the program. One example:

A. Detroit's Continuing Education for Girls Project

The purposes of the program are:

1. To continue the educational program of girls who might otherwise be compelled to drop out of school either during their pregnancy or permanently after childbirth.

2. To provide comprehensive educational, social work and medical services to meet the multiplicity of needs of the pregnant school-age adolescent.

3. To develop better child rearing habits.

4. For those who are unwed--to intervene in the cycle of generations of illegitimate births, poor child rearing habits, and poor personal habits, through a multi-discipline approach, hopefully improving the pregnant adolescent's image, feelings of self-worth, her social relationships, and general value system.

5. To improve family relationships between the girl and her family through individual and group counseling as related to specific individual emotional problems around relationships, pregnancy, and preparation for motherhood.

6. To detect indications of physical defects and/or psychopathology and get the adolescent involved immediately in therapy.

7. To assist in arranging for adoption through an adoption agency or a child care plan for the infant after birth in order to prevent permanent school dropout.

8. To help prepare the adolescent for entering one of the job training programs available where return to school is finally deemed not feasible.

9. To foster good health of the babies through encouraging early infant clinic care.

10. To encourage the enrollee to return to the center after delivery of her baby so that she can be helped to get ready (socially, medically and psychologically) for return to regular school.

11. To promote complete prenatal and postnatal care with the schools acting as a cohesive force to promote the use of available health and welfare opportunities.

12. To strengthen the girl against exploitation.

13. To prepare the pregnant girl for the role of mother and in some instances wife.

14. To prepare the home and school to receive the girl.

15. To help the girl begin to develop positive long-range goals for healthy adult life.

16. To prepare the senior for the world of work and/or higher educational opportunities.

B. Board of Education of Baltimore County, Md., Office of Nursing Services

The policy and procedure for implementation of the state law regarding pregnant girls as established by the Board of Education of Baltimore County is as follows:

A pregnant girl may, with proper medical clearance, voluntarily continue her educational program in a Baltimore County Public School. A pregnant girl under 16 years of age, who elects, at the time the pregnancy is verified, not to remain in a Baltimore County school must continue in an educational program. A pregnant girl under 16 who has elected to remain in the regular school program but who withdraws at a later date must also continue in an educational program. A pregnant girl over 16 years of age who elects not to continue in her regular school program may also be enrolled in another educational program.

When a girl's pregnancy has been verified, the principal will see that the following procedures are implemented:

1. The girl and her parents will be notified that the girl's continued enrollment in school is voluntary.

2. If a girl and her parents decide that she will continue her education in the regular program, the pupil personnel worker will be notified and may be requested to make a home visit. The purpose of the home visit is to clarify policy for the parents, to gather information which will be helpful to all personnel working with the student, and to consult with parents regarding other kinds of

assistance or referrals to other agencies. School nurses and guidance counselors are also involved in the health counseling and guidance of the student.

3. The parents will receive from the school nurse or the pupil personnel worker a copy of the letter advising them of the requirement for medical clearance for continued attendance and a copy of the letter to the physician.

4. Following the home visit a conference, including a member of the school administration, the pupil personnel worker, the school nurse, the guidance counselor, and any other personnel who would be involved, should be held for the purpose of developing the best educational program for the girl.

5. It should not be necessary for a student who elects to remain in school to be absent during the period of time required for the home visit by the pupil personnel worker and the return of the physical examination form from the physician.

6. Upon receipt of a favorable report from the physician and with the approval resulting from the school conference, the student and her parents will be notified in writing by the principal that she may continue in school.

7. Normally, a pregnant girl will be seen at least once a month by the physician. She should return to the school nurse a completed letter of attendance from the physician after each visit. The school nurse will be responsible for assuring follow-ups in respect to this matter.

8. After the termination of the pregnancy it will be necessary for the student to return to the school nurse a letter from the physician stating that there is no medical contra-indication regarding the student's return to school. The letter should also indicate any limitations to her activities or full-time attendance. In order to assure that the necessary medical, social and economic services are extended to the family, the existing policy regarding enrollment of married students and mothers applies.

9. All forms and materials pertaining to a student's pregnancy will be transferred from the health folder to the pupil personnel worker's folder after the birth of the child. No notations regarding a student's pregnancy will appear on any state or local records. All records of materials of this nature must be considered highly confidential.

10. The pupil personnel worker and/or the school nurse will provide the coordination with the home and any other agency to assure that the girl receives proper medical, psychological and social services prior to the termination of pregnancy and for as long as needed thereafter.

11. Due to a variety of circumstances which would involve considerations regarding the student's health, transportation, time of school year,

student's standing, etc., it will be necessary to highly individualize the educational program for students who do not elect to remain in school. Some of the possibilities for additional out-of-school programs are listed below; these are possibilities which exist for some children but may not be suitable for all.

a. A pregnant girl, of either age group, is eligible to enroll for a course for credit in the evening school program at one of the Adult Education Centers.

b. A Calvert course or other similar correspondence program may be authorized and considered an appropriate program.

c. The girl may attend one of the private schools for pregnant girls.

d. Materials of programmed instruction may be made available for the student at home, under the supervision of appropriate teachers.

e. Arrangements may be made for a student to participate in a partial program, taking courses selected with a view to maintain credits at her regular school.

f. A program of home and hospital instruction is now available to those pregnant girls who can no longer continue in the regular high school program. The attending physician attests to the pregnancy and the need for the student to be withdrawn from the regular school program.

12. All pregnant girls not continuing in the regular school program, and those leaving for the births of the child, will be withdrawn.

13. At the end of each school year each secondary school nurse will submit to the supervisor of the Office of Nursing Services data on a form containing annual statistics pertinent to the pregnant school girl program.

C. Webster Girls' School, Washington, D.C.

Most programs for expectant students have either handbooks for incoming students, or copies of rules and policies. The Webster Girls' School folder, "Just Between Teens," includes the following information:

What is Webster Girls' School?

Webster Girls' School is a place that provides the opportunity for girls to continue their education during pregnancy while receiving special health and social services.

Why stay in school?

- To pass to the next grade on time
- To graduate on time
- To get a good job

Who may enroll?

- Girls who attend any junior or senior high school in the District of Columbia may apply.
- All pregnant students should try to get into Webster Girls' School.

How do you apply?

- Referrals may be made by you, your friends or relatives, your school or clinic.
- Call Webster Girls' School.

When should you apply?

- Call as soon as possible after you first suspect or find out that you are going to have a baby.

- An appointment will be made for you and your parent or guardian to come to the school to talk with a social worker.

What services will you receive?

- Educational

  Students attend classes 9-3 daily. You take regular school subjects.

  A counselor will help you to make out your program of studies.

  A specialist or tutor will help you with subjects in which you are weak.

  Credits will be given and sent to your regular school when you return.

- Health

  Instruction is given in prenatal and postnatal care, also, in infant care, good nutrition, and personal and family living.

  A hot lunch is provided for you every day.

  You have a choice of maternity services.

  You may attend the Webster Clinic, or

  You may go to your private doctor or hospital clinic.

  Some students are eligible to receive services under Medicaid. You may call 629-3761 to find out whether or not you are eligible.

- Social

  Every girl registers with a social worker who will talk with you and help you with any problem you may have.

Why should you attend Webster?

- You will be safer during and after your pregnancy.
- Special health services are planned for you.
- You can get the personal assistance you need.
- You may remain in school until the time for the birth of your child.
- Home study materials and assistance will be provided while you are convalescing after the birth of your baby.
- The home study program will help you to earn passing grades while you are at home.
- You will receive the same credits that you would receive in regular school.
- You have an excellent chance to complete your grade on time.

Do you have to pay to attend Webster?

- "NO"
- Webster is a public school operated by the D.C. Board of Education.

FOR YOUR INFORMATION

WEBSTER GIRLS' SCHOOL
10th and H Sts., N.W.
Washington, D.C. 20001
Phone: 629-3031 or 629-3032
daily between 8:45 a.m. and 5:00 p.m.

D. Baltimore County, Md.

Schools for pregnant girls find it important to gather statistics and do follow-up studies on girls. One example, is that of Baltimore County:

ANNUAL REPORT OF PREGNANT GIRLS

Name of School _____

Name of Nurse _____

School Year _____

I. Total number of pregnancies _____

II. Number of pregnancies under age sixteen _____

III. Number of pregnancies over age sixteen _____

IV. Number of pregnant girls under age sixteen who withdrew from school when her condition was diagnosed by a physician and for whom no further educational program was planned. _____

V. Number of pregnant girls over age sixteen who withdrew from school when her condition was diagnosed by a physician and for whom no further educational program was planned. _____

VI. Number of pregnant girls under age sixteen who continued in a regular school program. _____

VII. Number of pregnant girls over age sixteen who continued in a regular school program. _____

VIII. Number of pregnant girls under age sixteen who, after withdrawing from the regular school program, pursued a school recommended type of out-of-school educational program. _____

IX. Number of pregnant girls over age sixteen who, after withdrawing from the regular school program, pursued a school recommended type of out-of-school educational program. _____

X. Type of educational program provided pregnant girls under age sixteen who did not continue in the regular school program.

Number	Type
_____	Program Instruction From Teachers
_____	Adult Education
_____	Private Facility
_____	Other

XI. Type of educational program provided pregnant girls over age sixteen who did not continue in the regular school program.

Number	Type
_____	Program Instruction From Teachers
_____	Adult Education
_____	Private Facility
_____	Other

XII. Number of pregnant girls under age sixteen who, after withdrawing from the regular school program returned to school following termination of pregnancy. _____

XIII. Number of pregnant girls over age sixteen who, after withdrawing from the regular school program returned to school following termination of pregnancy _____

XIV. Have school personnel any difficulty in ascertaining that each child was receiving adequate medical care? Yes___ No ___
If no, explain. _____
_____

XV. List the following information for each pregnant girl:

a. Age	b. Grade	c. Spring Withdrawal - Plan to Return to School the Following September (Check if Applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

XVI. Please make any comment that you wish regarding the effectiveness of the pregnant girl policy.

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ABOUT SCHOOL PROJECTS

For information about school projects mentioned in this report, write to the following addresses:

Azusa Unified School District, 546 S. Citrus Ave., P.O. Box 500, Azusa, Calif. 91702.

District of Columbia Public Schools, Division of Planning, Innovation and Research, Presidential Bldg., 415 12th St. NW, Washington, D.C. 20004.

Continuing Education for Girls Project, Adlai Stevenson Bldg., 10100 Grand River, Detroit, Mich. 48208.

Margaret Haughery School, 2945 N. Roman St., New Orleans, La. 70117.

New York City Board of Education, 110 Livingston St., Brooklyn, N.Y. 11201. (Daniel Schreiber, Assistant Superintendent.)

Continuation School, 550 Millard St., Saginaw, Mich. 48607. (Ronald G. Schneider.)

Waterloo Community Schools, Waterloo, Iowa 50701.

Crittenton School, c/o YWCA, 1018 Jefferson Ave., Toledo, Ohio 43624. (Sylvia K. Jones, Principal.)

Gateway School, 755 E. Magnolia St., Stockton, Calif. 95202. (Marjorie S. Larsen, Principal.)

Special Reports by the Editors of Education U.S.A.

Students Rights and Responsibilities: Courts Force Schools To Change. Explains what rights students have under the Constitution, interprets recent court decisions, describes how schools also stress student responsibilities, presents sample local policies. 1972, 64 pp., #411-12814. Single copy, $4.

PPBS and the School: New System Promotes Efficiency, Accountability. Explores pros and cons of PPBS, a management tool that can be used to plan and manage a school district's activities and resources. Gives specific examples and describes steps. 1972, 56 pp., #411-12810. Single copy, $4.

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Year-Round School: Districts Develop Successful Programs. Includes definitions, advantages and disadvantages, comparative cost figures, and capsule review of 20 districts now operating a year-round program, plus comprehensive case studies of six year-round programs. 1971, 64 pp., #411-12802. Single copy, $4.

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Environment and the Schools. Describes the best programs under way in states, local school districts, colleges and universities. Gives the philosophy and objectives of a good environmental education program. 1971, 56 pp., #411-12782. Single copy, $4.

Vocational Education: Innovations Revolutionize Career Training. Describes the most successful career training programs in elementary and secondary schools, unique developments and innovative programs, amount and intended purpose of federal appropriations for vocational education programs. 1971, 64 pp., #411-12780. Single copy, $4.

Preschool Breakthrough: What Works in Early Childhood Education. Includes a review of new philosophies and old controversies; some research results; a guide to the federal apparatus; detailed descriptions of projects that "really work" in increasing the achievement of young children. 1970, 48 pp., #411-12774. Single copy, $4.

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